RESTRICTED

HEADQUARTERS
MEDITERRANEAN THEATER OF OPERATIONS
U. S. ARMY
OFFICE OF THE SURGEON
APO 512

CIRCULAR LETTER
NUMBER 1

1 JANUARY 1945

MEDICAL ADMINISTRATION

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FOREWORD

The material presented herein is a compendium of medical records and reports and certain administrative matters necessary to the fullfillment of the medical department program. Each officer and enlisted man should continue to be on the alert to insure that the various procedures are carried out in the most complete and accurate manner. The administration of an organization reflects the state of training of its officers and enlisted men. Constant vigilance is necessary to reach and maintain the high standards required for a competent medical service. Education of all concerned with current administrative procedures necessary to the accomplishment of their duties should continue to be stressed.

M. C. Stayer

M. C. STAYER
MAJ. GEN. U. S. ARMY,
SURGEON, MTOUSA

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RESCINDED LETTERS, AND BULLETINS

The following listed directives, Office of the Surgeon, NATOUSA and MTOUSA are rescinded:

Circular Letter N°. 21, dtd 29 June 1943
Circular Letter N°. 22, dtd 26 June 1943.
Circular Letter N°. 24, dtd 28 July 1943
Circular Letter N°. 27, dtd 20 August 1943.
Circular Letter N°. 29, dtd 25 August 1943.
Circular Letter N°. 33, dtd 9 September 1943.
Circular Letter N°.. 35, dtd 14 September 1943.
Section I, Circular Letter N°. 41, dtd 29 October 1943.
Circular Letter N°. 46, dtd 30 November 1943.
Circular Letter N°. 52, dtd 31 December 1943.
Circular Letter N°. 8, dtd 30 January 1944.
Circular Letter N°. 9, dtd 31 January 1944.
Section I, Circular Letter N°. 11, dtd 16 February 1944.
Circular Letter N°. 16, dtd 22 March 1944.
Section II, Circular Letter N°. 17, dtd 25 March 1944.
Circular Letter N°. 18, dtd 28 March 1944.
Circular Letter N°. 23, dtd 18 April 1944.
Sections I, II and III, Circular Letter N°. 25, dtd 19 April 1944.
Section II, Circular Letter N°. 28, dtd 28 April 1944.
Sections I, II, III and IV, Circular Letter N°. 34, dtd 9 June 1944.
Sections II and III, Circular Letter N°. 43, dtd 13 August 1944.
Section I, Circular Letter N°. 44, dtd 22 August 1944.
Section I, Circular Letter N°. 47, dtd 31 August 1944.
Circular Letter N°. 48, dtd 21 September 1944.
Sections I, II, Circular Letter N°. 53, dtd 8 November 1944.
Circular Letter N°. 56, dtd 1 December 1944.

The following listed Technical Bulletins, Office of the Surgeon, SOS NATOUSA are rescinded:

SOS TECHNICAL MEDICAL BULLETIN N°. 11, dtd 15 May 1944
SOS TECHNICAL MEDICAL BULLETIN N°. 12, dtd 25 May 1944 – Sections II and IV.
SOS TECHNICAL MEDICAL BULLETIN N°. 17, dtd 16 June 1944 – Section XI.
SOS TECHNICAL MEDICAL BULLETIN N°. 18, dtd 28 July 1944 – Sections I, II and III
SOS TECHNICAL MEDICAL BULLETIN N°. 24, dtd 1 October 1944 – Section V.

I - GENERAL

1. "The senior medical officer of a command is responsible for the preparation, authentication, transmission, and safe keeping of the reports, returns and records pertaining to the medical activities" (Par 1 b, AR 40-1025), and education of personnel engaged in the preparation of medical records and reports in accordance with existent regulations and instructions. The necessity for accuracy and completeness will be continuously stressed. Accuracy must always be the foremost consideration. These records are the only source of information which will be used for the protection of the government as well as the individual. Medical records also form the basis of statistics which enable proper planning for the operation of future Medical Department activities. Authorized abbreviations as set forth in AR 40-1025, AR 850-150, FM 8-45 and other generally recognized contractions will be used.

2. All reports which show designation and strength of an organization will be classified as "Secret".

II - SICK AND WOUNDED RECORDS

1. Records of Sick and Wounded will be prepared in compliance with AR 40-1025, FM 8-45 WD Circular 226 dated 27 October 1941 and WD Circular 251, dated 19 June 1944, except as amended by this circular.

2. EMERGENCY MEDICAL TAG, (WD MD FORM 52b). The Emergency Medical Tag will be used by Surgeons of unit dispensaries and aid stations as follows :

a. Record treatments of patients in quarters or dispensary.

b. Record transfer of patients to clearing stations and hospitals.

c. Record deaths, from all causes, occurring outside of a hospital installation.

d. PREPARATION. Each Emergency Medical Tag will be completed in accordance with instructions printed on the back cover of the EMT book.

(1) INJURY CASES. Indicate time (date and hour) ; general vicinity ; and circum stances under which the injury was incurred.

(2) BATTLE CASUALTIES. Indicate time (date and hour) ; type of wound ; anatomic location ; and causative agent e. g. ; shell fragment, small arms fire, bomb blast etc. Place where casualty was incurred, terms such as, « Leghorn, Italy », « Bari, Italy », will be recorded.

(3) If duty status is known appropriate entry will be made. If unknown the word « Undetermined » will be inserted in the space provided and the patient's unit commander will be notified. (See C4, AR 345-415).

3. TREATMENT. The Emergency Medical Tag will be used to record treatment of individuals excused from duty (quarters or dispensary beds) ; cases carded for record only ; and cases treated on a full duty status. When an officer or enlisted man is returned to duty from quarters or dispensary, the column « disposition » on the EMT will be completed. Suitable notation such as « Duty improved », or « Duty condition unchanged » will be made. « Quarters » will not be used as an entry in the « Disposition column » of the EMT.

a. Entry will not be made under « diposition » for patients treated in quarters until individual is finally discharged, e. g., duty, death or transferred. If additional space is needed to record treatment of patients in quarters the space provided on the back of the EMT will be utilized. Cases previously treated in quarters or dispensary and transferred to clearing stations or hospitals will be accompanied by the EMT. The notation « hospital », or « clearing station » and the date of transfer (day, month and year) will be made. *No more than one original and one duplicate EMT will be completed on a patient for any one period of illness.* A new EMT will *not* be completed on a case disposed of, or received by, TRANSFER,

4. TRANSFERS.

a. CLEARING STATIONS OR U. S. ARMY HOSPITALS. The original of the EMT will accompany the patient to the clearing station or hospital.

(1) If a patient is returned to duty by the clearing station the EMT *will be returned* with the patient to the unit dispensary. The unit surgeon will remove the tag and complete the data required on the reverse side under « Supplemental Record ».

(2) If the patient reaches a hospital the EMT will become an integral part of the patients hospital record. *The EMT will not accompany him* when he is returned to his unit for duty.

b. ALLIED HOSPITALS. All U. S. Army patients transferred to allied hospitals will be accompanied by a properly completed *original* of the EMT. Allied hospitals will enter diagnosis on the reverse of the tag. Additional medical forms in current use by other than U. S. Army hospitals may be added to make up the clinical record. The complete clinical record (including the EMT) will always accompany the patient upon discharge from the hospital e. g., transferred to another hospital, convalescent facility or returned to duty with his unit, except in the event of death in which case all medical records will be forwarded to Surgeon, MTOUSA.

(1) Whenever a patient is returned to a unit from an allied hospital, the clinical records will be forwarded by the unit surgeon with the next succeeding report of Sick and Wounded. Records will not be forwarded while a patient is under treatment or awaiting reclassification.

5. THE FIELD MEDICAL RECORD is comprised of WD MD Form 52b, 52c, 52d and abbreviated Clinical Record, MTOUSA Form 3. Surgical and evacuation as well as fixed hospitals will initiate these records for all patients except as herein provided. New forms will not be initiated for patients transferred from another hospital accompanied by the Field Medical Record. In the event of death, transfer to another hospital or other disposition (absent in desertion, in custody of Military Police etc.), entries will be made showing final diagnosis, disposition and date of disposition.

6. THE REPORT SHEET, (WD MD FORM 51). See Section VI, Par 61, AR 40-1025.

a. THE REPORT SHEET will be submitted as a part of the monthly Report of Sick and Wounded and will be classified as « Secret » The name and APO number of the reporting unit will be shown in Section 1. All entries will be completed. All U. S. Army personnel will be considered as members of the Regular Army. Units which do not treat patients on a hospital status will enter under QUARTERS in Section 6, patient days lost in quarters. Patient days lost in clearing stations will be entered under QUARTERS. A completed case (Section 9), will comprise the original and duplicate EMTs for cases discharged to duty by the reporting unit during the month. In the instance where a patient has been transferred to a hospital during the month, the duplicate EMT, retained by the unit surgeon, will be counted as a completed case for the dispensary, and included in Section 9. All units required to initiate ; or who receive the Field Medical Record by transfer, will include the total number of Field Medical Records of completed cases in Section 9, of the Report Sheet.

b. The forwarding of unit Report Sheets WD MD Form 51, for prisoner of war medical installations to Surgeon, MTOUSA is not required. Such unit Report Sheets will be sent together with the report cards to the base section surgeons who will check for errors. Base section surgeons will forward only a consolidated Report Sheet together with all report cards for the period.

c. MOVING COMMANDS. A Report of Sick and Wounded will be submitted by a moving command only when accompanied by a Medical Officer. The report will cover a period of one month. *Initial and final reports need not be forwarded upon a change in command.* The following information will be shown in Section 4, (Variations in Command).

(1) Date of disposition.

(2) Date of arrival at destination.

(3) Designation of headquarters to which the unit is assigned, if differing from former assignment.

7. RECORDS TO ACCOMPANY REPORT SHEET, (WD MD FORM 51).

a. EMERGENCY MEDICAL TAG (WD MD FORM 52b).

(1) Original and carbon copy for cases treated in quarters, dispensary, or allied hospitals who have returned to duty during the month.

(2) Original and carbon copy for cases returned to duty from clearing stations.

(3) Carbon copy for cases transferred to U. S. Army medical installations (hospital or dispensary) whether direct or through a clearing station.

(4) Original and carbon for all battle casualties who are treated but who do not require hospitalization.

b. Field Medical Record, WD MD Form 52b, 52c, 52d and MTOUSA MD Form N°. 3, will be submitted by all mobile and fixed hospitals and other medical installations functioning as a hospital for patients discharged to duty, death or patients dropped in desertion during the month.

c. CHANNELS OF TRANSMISSION: All Sick and Wounded reports, except reports from prisoner of war medical installations will be forwarded through technical channels to Surgeon, MTOUSA. Division, Corps, Army, Air Force, Base Section surgeons will thoroughly check these reports for accuracy. Incomplete reports or such records as are erroneous will be returned to the sub units for immediate correction. The records comprising the report of Sick and Wounded will be either securely bound or packed in such a manner as to keep them intact.

8. Records of deceased personnel will be bound together in such a manner as to make them readily accessible to personnel checking reports in higher headquarters.

III - NOMINAL ROLLS OF HOSPITALIZED FOREIGN PERSONNEL

1. Authorized foreign military personnel who cannot reasonably obtain medical care from installations of their own country shall be treated and hospitalized at U. S. Army medical facilities. The term authorized military personnel refers to personnel of allied or co-belligerent military forces.

2. Commanding officers of hospitals will submit reports in quadruplicate (1 original and 3 clear carbons), monthly to The Surgeon General, U. S. Army, Washington 25, D. C. through medical technical channels. See sample form.

3. Charges for subsistence and medication will be levied against all foreign civilian personnel. *Entry will not appear on Nominal Rolls.* Charges determined to be uncollectible, may be written off by authority of the commanding officer of the hospital. (Section 12 (2) d, AR 40-590).

IV - PREPARATION AND DISPOSITION OF CLINICAL RECORDS OTHER THAN U. S. ARMY

1. Conventional U. S. Army Medical Department forms will be used to record treatment of *U. S. Navy, Marine, and Coast Guard personnel* in U. S. Army medical installations.

a. Field Medical Records and Emergency Medical Tags will accompany patients on return to their units.

b. In case of death one copy of *Letter Report of Death* stating the same information as required for persons subject to military law, will be forwarded to the *Force Medical Officer, Navy N°.* 1925, through the nearest Naval authority. The Emergency Medical Tag or Field Medical Record *will be forwarded directly to the Force Medical Officer, Navy N°.* 1925

c. When U. S. Navy, Marine, and Coast Guard personnel are admitted directly to an Army installation, the nearest Naval authority will be notified. The information furnished will include the patient's name, rating, service number, ship or station to which attached, diagnosis and prognosis, proposed date of transfer and name of Army or Navy medical unit to which patient will be transferred. Whenever possible transfers for further treatment and disposition will be made to U. S. Navy Base Hospitals N°. 5 or N° 9.

d. In the case of British Army personnel received for treatment by U. S. medical instal lations, appropriate British Army forms, furnished by the Surgeon, will be prepared and *forwarded direct* to DAG, GHQ, 2d Echelon, BNAF.

2. ALL OTHER PERSONNEL.

a. When such patients die or absent themselves for a period of 10 days or more, the Field Medical Records or Emergency Medical Tags will be forwarded immediately to the Surgeon, MTOUSA. The records *will not be included* with the Monthly Report of Sick and Wounded, WD MD Form 51 and allied records.

b. When a patient is transferred, the clinical records and X-rays will remain with the patient.

c. The clinical record will accompany the patient to his unit upon discharge from a U. S. Army medical installation.

V - REPORTING OF ARMY PATIENTS IN OTHER THAN U. S. ARMY MEDICAL INSTALLATIONS

1. The nearest U. S. Army hospital is responsible for the maintenance of records and the administration of U. S. Army personnel in other than U. S. Army hospitals. Until such patients can be transferred to a U. S. Army installation, the nearest U. S. Army Hospital will report such patients in Sections II and V of Statistical Health Report, WD MD Form 86ab. Appropriate note will be made in the Remarks Section of the 86ab or on the supplementary sheet, indicating the number of U. S. Army patients in Allied military or civilian hospitals as of Friday midnight, and the number of days lost during the report period by such patients. (See par 4 h (4), Section I, Circular 54, 1944, Hq. NATOUSA).

VI - MEDICAL SITUATION REPORT

1. GENERAL. A Medical Situation report will be submitted weekly in duplicate by Surgeons of armies directly to the Surgeon, MTOUSA, covering the seven days ending Friday midnight. Surgeons of Base Sections and Surgeon of AAFSC/MTO will forward the report in duplicate directly to the Surgeon, MTOUSA, semimonthly for the periods ending at midnight the fifteenth (15th) and the last day of each month. Reports will be forwarded on the first (1st) and the sixteenth (16th) day of each month. Reports from AAFSC/MTO units (e.g. 12th Air Force, 15th Air Force, etc.) may be forwarded as inclosures when consolidation is impractical. Organizational Medical Situation reports from other than surgeons of major commands of AAFSC/MTO (e. g. Air Force or Command surgeons) will not be rendered. The report will include, all medical activities considered to be of major interest to this office. The subjects indicated below will be emphasized.

a. STATION LIST : Include location (grid coordinates) of all medical units, whether operating, setting up or staging ; also assignments and attachments (Hospitals will show T/O and E beds and actual beds).

b. HOSPITALIZATION : The plan will be set forth and succeeding reports will indicate pertinent changes and any contemplated moves. A short descriptive paragraph on new hospital construction and the progress of construction underway.

c. EVACUATION :

(1) BASE SECTION : An outline of the *EVACUATION PLAN* will be submitted and succeeding reports will indicate any pertinent changes. *EVACUATIONS* for the period will be reported, on the following form :

		U. S. Sick and Injured	U. S. Wounded	Allies Br. Fr.	P. O. W.	Total
Evacuated to other Base Sections	By Air					
	By Sea					
	By Train					
Evacuated to U. S.	By Air					
	By Sea					

(2) ARMIES AND AIR FORCE SERVICE COMMAND, MTO : The number of patients received and evacuated during the period covered by the report. The admissions will be shown as follows : (a) U. S. Army (Battle and Non-Battle), (b) Navy, (c) Allied and POWs The number evacuated by : (a) Ambulance, (b) Rail, (c) Air and (d) Sea.

d. PREVENTIVE MEDICINE :

(1) Important disease trends by organizations ; measures taken to prevent or control the situation will be explained.

(2) Important sanitary deficiencies; sanitary trends or problems, and measures used to meet the situation will be included.

(3) Important problems encountered in neuropsychiatric disease ; nutrition, clothing and housing will be shown as well as methods taken to solve them.

e. MEDICAL SUPPLY AND EQUIPMENT :

(1) Indicate difficulties encountered in obtaining supplies.

(2) Adequacy of T/E and Basic Equipment Lists will be discussed.

(3) Any other pertinent data will be shown.

(4) Any abnormal medical situation will be reported.

2. All concerned are encouraged to include in this report any information of interest which concerns medical service of the command and which is not normally reported elsewhere. However, this report is not intended to be lengthy. Data submitted in the Essential Technical Medical Data reports should *not* be duplicated in the Situation Report.

3. This report is for the purpose of furnishing essential information required in this office. Routine correspondence and requests for personnel, supplies and equipment will be submitted through command channels and will not be included.

VII - DENTAL REPORTS

1. A Report of Dental Service, MD Form 57, is required from every military station and separate command where a dental officer has been on duty during the month. It will be signed by the dental surgeon. This report, including a copy for the next higher headquarters, will be forwarded through medical technical channels before the fifth day of the next succeeding month. Surgeons of Armies, Base Sections, Air Forces or other separate commands will consolidate reports and will forward the consolidated report, with original individual unit reports attached, to the Surgeon, MTOUSA.

2. PREPARATION OF REPORT.

a. SECTION 1. Enter station or command with strength and APO number. Location need not be given.

b. SECTION 2. Enter the calendar month or, if less than a calendar month, the beginning and end of the period. If the period is less than a month but extending into a second month, example, from 20 June to 3 July, two reports will be submitted, one covering period 20 to 30 June and another covering period 1 to 3 July.

c. SECTION 3. GENERAL SUMMARY OF DENTAL SERVICE.

(1) ADMISSIONS. Record total of U. S. Army personnel admitted for routine admissions for month, and record total U. S. Army personnel admitted for relief of pain or other intolerable conditions as emergency admissions for the calendar month. The same procedure is followed with others entitled to treatment as well as with prisoners of war. *Separate entries will be made for U.S. Army personnel, prisoners of war, and all others.*

A patient may be admitted but once. If the treatment of a patient is not completed during one calendar month, he is not recorded as an admission for the following month. If the appointments for a patient are discontinued, interrupted, or postponed for an indefinite period and he later returns for further treatment, it may be recorded as a new admission at the discretion of the dental officer concerned.

(2) SITTINGS GIVEN. Each visit to a dental clinic for treatment is considered a sitting for the purpose of examination and should be recorded.

d. SECTION 4. CLASSIFICATION OF MILITARY PERSONNEL.

(1) Enter the classification of the command from last survey if it was taken during the month, or modify the survey figures in subsequent months by estimating changes in classification by reviewing the number of patients called for teatment from survey lists.

(2) This section calls for the classification of U. S. Army personnel only and the classification of other personnel will not be entered. Reports of hospitals will not carry the classification of patients. Reports by officers having other units attached for survey and treatment will show only the classification of their own unit. Attached units, with classifications, will be shown under « Remarks », Section 8.

e. SECTION 5. DUTY PERSONNEL

(1) *Officer personnel.* Officers' names, rank, and duty *will be* recorded in 5a.

(2) *Other personnel.* Report only the number of enlisted men of each grade on duty with the dental service which includes those attached from other units. Civilian employees will also be recorded by occupation.

(3) SUMMARY. Separate listings will be made for the number of dental officers assigned, attached, or otherwise present for duty.

The total days of duty is the combined total of assigned, attached, and others, including Sundays and holidays.

The total number of days not present for duty, such as sick, leave, assigned for other duty, etc., will be placed directly under the heading « total days of duty ».

f. SECTION 6. CASES DIAGNOSED; and SECTION 7. OPERATIONS PERFORMED.

(1) *General.* The standard terms of diagnoses will be used insofar as pratical in accordance with AR 40-1010, 16 October 1943. The

data for this section are obtained from the individual MD Forms 79. While a diagnosis should be entered for each operation, not all entries in the operations section need corresponding diagnoses in section 6. No exact balance between sections 6 and 7 is desired or required; however, the operations should be prepared for the diagnosed cases in accordance with good professional practice. In other words, when a tooth is extracted, the diagnosis entered should indicate that extraction was the proper treatment and that definitive dentistry could not have restored the tooth. Caries, therefore, is not the proper diagnosis for extraction; pulpitis, abscess periapical, tooth impacted, or some other applicable diagnosis should be entered.

(2) *Prosthetics.*

(a) The diagnosis *maxillae edentulous* or *mandible edentulous* will be made only when a full upper or full lower denture has been completed and inserted. Full dentures under section 7 should be balanced by the total of maxillae and mandible edentulous under section 6. The diagnosis *missing teeth* should be used for reporting bridges and partial dentures and the corresponding number of missing teeth should appear on the same report as the appliance. The actual number of teeth replaced by bridges and partial dentures (not the number of natural teeth replaced) will be placed opposite diagnosis, « teeth missing » in section 6. The diagnosis is not entered when the prosthesis is started but only when completed and inserted.

(b) When a station takes an impression, completes the laboratory work, and then sends the denture to another station or command for insertion, the station or command actually inserting the denture will take credit under sections 6 and 7. The station taking the impression and completing the laboratory work will cite such accomplishments under section 8, General Remarks. Credit may also be taken for a sitting by the station taking the impression.

(c) Credit for denture adjustments will not be taken on cases which were initiated at your station unless the dentures have been in use several months. Credit for adjustments may be taken on cases which were made in civilian practice or at another station. Credit may be taken for sittings for denture adjustments on all cases, and the diagnosis on MD Form 79 should be shown as « Reappointment » for cases initiated at your station. Diagnosis for cases made in civilian practice or at another station should be « Denture defective ».

g. SECTION 8. GENERAL REMARKS.

(1) Reference should be made to inadequacies of personnel or equipment or any other conditions which interferred with the maximum of professional dental service being performed for the period.

(2) Permanent transfers of officers will be shown stating date of transfer and organization to which transfer was made.

h. In sections 3, 6, and 7 the column « Others » will be divided in two parts thus making three columns with the respective headings, « Military », « Others », and « POW ». All admissions, sittings, diagnoses and operations for U. S. Army personnel will be entered in the « Military » column. All admissions, sittings, diagnoses and operations for prisoners of war will be entered in the « POW » column. For the purpose of this report co-bellingerents will be considered prisoners of war. All admissions, sittings, diagnoses and operations for personnel other than U. S. Army and prisoners of war will be entered in the « Others » column.

VIII - NEUROPSYCHIATRIC REPORTS

1. NEUROPSYCHIATRIC REPORTS. N. P. FORM 1 (REVISED), N. P. FORM 2, AND N.P. FORM 3 (REVISED), WILL BE COMPLETED FOR U. S. ARMY PERSONNEL ONLY.

2. GENERAL. These reports will be submitted semi-monthly covering the periods ending the 15th and last day of the month respectively. Reports will be submitted within 4 days after the termination of each report period.

a. DEFINITIONS.

(1) *Combat.* Include only those neuropsychiatric cases developing during, or immediately following actual combat; or if the condition is directly attributable to, or precipitated by combat conditions. The arbitrary determination « arising within range of enemy artillery or small arms fire » will apply. Cases arising from occasional bombing will *not* be considered of combat origin. This classification will apply to only neuropsychiatric reports.

(2) *Neuropsychiatric (NP) Diagnoses.* Include all definitive neuropsychiatric diagnoses as well as non-definitive terms used to distinguish neuropsychiatric patients before diagnosed, such as « Exhaustion », « NYD Functional », etc.

(3) *Hospitals and Army NP Clearing Stations.* Include all hospitals and such medical installations as may be specifically designated (i.e., 601st Clearing Company which is designated as *Army NP Clearing Station*).

b. All hospitals and Army NP Clearing Stations will submit N.P. Form 1 (Revised) and 2.

c. All hospitals and Army NP Clearing Stations except *Field Hospitals* will submit N. P. Form 3 (Revised).

d. NEGATIVE REPORTS will be submitted. On N. P. Form 1 Total Admissions to Hospital (combat, non-combat, total) will be shown in the appropriate column. A note will be made under Remarks that N. P. Form 2 and 3 (Revised) are negative. Submission of negative reports on N. P. Forms 2 and 3 (Revised) is not required.

e. One copy only of the report will be forwarded through technical channels to the Office of the Surgeon, MTOUSA.

f. These reports will be classified « *Confidential* ».

3. ADMISSIONS TO HOSPITAL, NEUROPSYCHIATRIC FORM 1 (REVISED). Completion of this report form will be as follows :

a. TYPE. Indicate on proper lines the number of Combat, Non-Combat and total cases.

b. DIRECT ADMISSION. Enter number of cases admitted to the NP Service with neuropsychiatric diagnoses. Patients transferred from medical installations other than hospitals or Army NP Clearing Stations will be considered as direct admissions.

c. TRANSFER FROM OTHER HOSPITALS. Include patients with neuropsychiatric diagnoses who are received by transfer from a hospital or Army NP Clearing Station.

d. INTRA-HOSPITAL TRANSFERS. Enter number of patients originally admitted to the Medical or Surgical Service and who are later found to have a neuropsychiatric condition. These will be shown separately according to the first service to which patient was admitted, i.e., Medical or Surgical.

(1) Patients with *primary* neuropsychiatric diagnoses will be shown under this heading even if actual transfer from medical or surgical service is not accomplished.

(2) Patients with neuropsychiatric diagnoses *secondary* to another disease will *not* be shown if the patients are not actually transferred to the neuropsychiatric service.

e. TOTAL NEUROPSYCHIATRIC ADMISSIONS. Include total of all items covered in paragraphs 3 b, c, d.

f. TOTAL ADMISSIONS TO HOSPITAL Include all hospital admissions (N. P. as well as Surgical and Medical). The information will be obtained from the Registrar and will agree with the totals shown on the Admission and Disposition Report. This information will be furnished on Negative Reports except if the hospital is not operating. In the latter event, a note will be inserted under Remarks : « Hospital not operating, date ».

g. CONSULTATIONS. Enter number of cases, on *another service*, seen by the psychiatrist, regardless of the subsequent diagnoses. Disciplinary and AR 615-368 and AR 615-369 consultations of either patients in hospital or outpatients will be shown. The number of consultations for out-patients, other than Disciplinary, AR 615-368 and AR 615-369 consultations, will be included with the number of consultations on the Medical Service.

h. The number of beds allotted to the Psychiatric Service will be shown in the space « Bed Capacity ». The number of Psychiatric Service beds vacant at the end of the report period will be shown in the space « Beds Vacant ».

4. N.P. FORM N° 2, report on dispositions of neuropsychiatric cases.

a. The classification of COMBAT and NON-COMBAT for NP reports is covered by paragraph 2 a (1), and according to this classification cases will be shown in the proper section-Disposition (Combat) or Disposition (Non-Combat).

b. Sufficient diagnoses are listed on this form to cover all types of neuropsychiatric disorders. It is important that no changes or alterations be made. If desired, definitive diagnoses may be listed on the reverse side of the form showing the breakdown of cases listed under *OTHER ORGANIC*. The Category « No Neuropsychitric Disease » may be added.

c. TYPE DISPOSITION. The number of cases by type of disposition will be shown on the line with the applicable diagnosis.

d. *Average Days* (*Average Days*). Enter average days of hospitalization. This is computed for each diagnosis as follows :

Total Days Hospitalization (*Diagnosis*) Divided by Number of Patients (Di-

agnosis) equals Average Days Hospitalized (Diagnosis).

All computations will be based on the *date of the Medical Board Proceedings* when disposition is approved or *date of actual disposition* from hospital if transferred to another hospital or returned to duty (Class A or B). Time spent in hospital awaiting transportation will *not* be included.

e. When a patient's disposition to the Zone of the Interior has been approved by a Disposition Board and, while in the process of evacuation, he is transferred to another hospital, the disposition will be shown as « ZI » on the report of the hospital at which he was boarded. The hospital to which the patient is transferred will *not* show him on this report.

5. RECURRENT NEUROPSYCHIATRIC CASES (N.P. FORM 3 (REVISED). The purpose of this form is to make information available to the hospital on neuropsychiatric cases that it has discharged to duty, or limited service, as to his eventual disposition if the patient returns to another hospital with a psychiatric disorder. Corrections need not be submitted to this headquarters in the event an error relating to previous hospitalization is found.

a. Required data will be submitted only on cases which have been hospitalized previously for neuropsychiatric disorders. Entries for purposes of this report will be made *only* after such a patient is transferred to another hospital, returned to unit (or Replacement Depot) for duty or when disposition has been approved by a Disposition Board.

(1) Patients transferred from one hospital to another without an intervening period of duty, or in a Replacement Depot, will *not* be reported on N.P. Form 3.

b. NAME. Enter last name, first name, and middle initial.

c. ASN Enter Army Serial Number.

d. PREVIOUS HOSPITAL. Name of medical installation where patient was previously hospitalized for a neuropsychiatric disorder if that hospital had made a final disposition to limited or full duty.

e. PREVIOUS DUTY STATUS. Indicate disposition made by previous hospital. DUTY or L.S. will be used to indicate whether previous disposition was Class A or Class B.

f. NUMBER OF DAYS SINCE PREVIOUS DISCHARGE. This column will provide information as to the approximate number of days of duty with a unit and/or the number of days in a Replacement Depot since the patient's previous discharge. The number of days will be shown in the proper column.

g. DISPOSITION. Indicate by an « X » under the proper heading disposition of patient, i.e., Duty, Limited Service, Zone of the Interior, or transfer to another hospital for further treatment.

(1) After a patient's disposition has been approved by a Disposition Board and, while in the process of evacuation, he is transferred to another hospital, the disposition will be shown as « ZI » on the report of the hospital at which he was boarded. The hospital to which the patient is transferred will *not* show him on this report.

6. NEUROPSYCHIATRIC CASE REPORTS will be completed for all NP cases admitted to or tranferred from all hospitals. They will not be used for organic neurologic cases or for cases seen in consultation or where no neuropsychiatric disorder is found.

a. All case reports will be completed in duplicate. If space provided is insufficient, additional information will be completed on a supplemental sheet which will be in duplicate and attached to the case report forms. Extreme care should be taken to assure the accuracy and legibility of the carbon copies.

b. The actual disposition *must* be shown on each report – *not* the recommended disposition ; i.e., if a patient is transferred to another hospital with a recommendation for reclassification, the disposition to be indicated on this form by the hospital effecting transfer is « Transferred ». The hospital where the patient is reclassified will report the final disposition.

(1) NEUROPSYCHIATRIC CASE REPORT (N.P. FORM 4a) will be used for direct admissions, patients transferred from another service within the hospital, and recurrent cases. This form will *not* be used when a patient is received by transfer from another hospital where he already has been interviewed and a Form 4a executed. In the event that a patient originally is admitted to a hospital where treatment cannot be given, is carded for record only and transferred to another hospital for treatment, then the receiving hospital will initiate Form 4a ; and any subsequent hospitals will use Form 4b as an appended section to the Case Report.

(2) NEUROPSYCHIATRIC CASE REPORT (N.P. FORM 4b) will be used for cases

transferred directly from another hospital (the previous hospital having interviewed the patient and initiated the Case Report). It will not be used for readmissions. A patient may be transferred through several hospitals before final disposition and it is possible for several Forms 4b to be completed. In such cases, each form will be considered as a section of the Case Report and will be dated and numbered in the sequence in which they are made.

c. The original Forms 4a and 4b will remain with the patient's medical records at all times. In the event of transfer to another hospital within the theater, the original and carbon copies will be sent with the patient to the next hospital. The carbon copies will be forwarded upon final disposition of the patient to this headquarters. Forms 4a and 4b will be submitted semi-monthly with the other neuropsychiatric reports.

d. *Diagnosis.* The diagnosis used will conform with the nomenclature as shown on N.P. Form N° 2. Inappropriate non-classifying terms such as Gastric or Cardiac Neurosis will be avoided. Psychosomatic disorders should be classified according to their underlying psychopathology and not according to the organs involved. Properly for example : *Anxiety Neurosis, Chronic, Moderate,* manifested by Gastric symptoms. Any diagnosis in the classification of the American Psychiatric Society is acceptable.

e. TOTAL COMBAT SERVICE. Effort should be made to determine this carefully. For example, a unit may be in the combat zone for a month and only in combat three days. The information desired in this category and under « Continuous Combat Immediately Before Admission » is the actual length of time in combat, exclusive of rest periods. This is best recorded in actual number of days when possible.

7. REPORT IN DISCIPLINARY CASES (N.P. FORM 5) will be used whenever considered appropriate by the psychiatrist examining disciplinary cases. It will be prepared in triplicate ; the original and duplicate to be forwarded to the examinee's commanding officer (or officer upon whose request examination is made) ; the triplicate to be filed by the psychiatrist.

a. Whenever possible all reports requiring psychiatric opinion should be drafted by specialists in psychiatry.

b. All reports will be written in clear lay terminology, avoiding technical terms where possible, and should answer the questions under sections B, C, D, and E either « Yes » or « No ». It is realized that at times such an unequivocal answer is not possible. In such instances, clearly stated qualified answers may be given, but should be used only when absolutely unavoidable.

IX - WEEKLY STATISTICAL HEALTH REPORT (WD MD 86ab.)

1. GENERAL.

a. This report will be submitted through technical channels by each medical installation (dispensary or hospital) providing medical service to U. S. Army personnel. Hospital dispensaries will be included in the ***hospital*** report. The name of the unit (not code name or shipping number) and the APO will be shown. Reports which cover several organizations will show the identity of the units included, either under « Remarks » line 38 or on an appended sheet. *All* reports will carry the name of the parent unit to which the reporting unit is assigned or attached; e.g., « Assigned to Fifth Army ; Attached to Peninsular Base Section »

b. CLASSIFICATION. This report will be classified « SECRET ».

c. DISTRIBUTION AND CHANNELS. Consolidated reports of armies, base sections and AAFSC/MTO will be forwarded in sufficient time to reach this headquarters not later than the *7th* day following the close of the report period. Air courier service will be utilized whenever praticable. All consolidated reports will be submitted in duplicate, accompanied by one copy of all unit reports.

d. INITIAL AND FINAL REPORTS.

(1) PATIENTS TABLE (SECTION II) All units transferring from one major command to another will submit a « *Final Report* » to the surgeon of the former command. Remaining cases will be listed on Line 8 – Transferred. The first report submitted to the new command will be marked « *Initial Report* ». The cases that were dropped on Line 8 – Transferred on the « Final Report » will be listed on Line 4 – By Transfer on the « Initial Report ».

(2) COMMUNICABLE DISEASES (SECTION IX). Remaining cases will be shown in column 5. Disposed Of, on the « Final Report ». On the « Initial Report » these cases will be shown in column 4, By Transfer.

(3) Reports of units detached from a parent organization will be submitted to the command to which the unit is attached for administration.

e. PERIOD OF REPORT. The Statistical Health Report (long form WD MD 86ab as revised 18 October 1943) will be submitted *weekly*. The data will cover the period from 0001 hours Saturday to 2400 hours Friday. The date of the report will be the Saturday immediately following the period of the report.

f. PERSONNEL COVERED BY REPORT. The data on the report pertains to U. S. Army personnel only except, sections IV and VII. Officers and enlisted personnel of the Womens' Army Corps (WACs) will be included with U. S. Army personnel. Where classification between officers and enlisted personnel is required, the following will be grouped under officers : U. S. Army Nurses, Warrant Officers, Flight Officers, Physical Therapy Aides and Hospital Dietitians.

(1) PATIENTS OCCUPYING BEDS (SECTION IV). Include all personnel U. S. Army, Allied and co-belligerent civilians as well as enemy military or civilian personnel in hospitals.

(2) HOSPITALIZATION (SECTION VII). Include on line 35, all patients occupying beds.

2. MEAN STRENGTH (SECTION I).

a. The mean strength will be obtained from the *daily* strength of the command plus the *daily* strength of the attached organizations. The *daily* strength is the sum of the U. S. Army personnel (attached or assigned) carried on the morning reports of the units and organizations attached for medical service.

b. The item *Mean Strength* will *not* include the strength of organizations which are included in a separate dispensary report even if such organization receives some medical service from a hospital or other dispensary.

c. Individuals absent sick in hospital will be carried as « Absent » on the unit morning report and will not be dropped until transferred to a hospital Detachment of Patients. They will be included in the *Mean Strength* figures submitted on WD MD 86ab by the unit dispensary.

d. COMPUTATION OF MEAN STRENGTH.

(1) For units disbanding before the end of the period.

Total of Daily Strengths divided by seven.

(2) For units moving between commands.

Total of Daily Strengths divided by number of actual days of operation within each command.

3. PATIENTS TABLE (SECTION II).

a. GENERAL. Include only *U. S. Army personnel.* A patient will appear only *once* as a direct admission in this table. A *direct admission* is defined as the first time a patient is admitted to a medical facility for current condition. *Example* : An individual entering a dispensary and later sent to a hospital for observation or treatment of a condition of ill health will be recorded as follows : The dispensary will pick up one (1) direct admission on Line 3. The hospital will enter one (1) admission By Transfer, Line 4. All patients treated in dispensaries, including numbered general, Air Corps base dispensaries, and clearing companies on functional employment will be considered as quarters cases and so reported in Section II.

b. ADMISSIONS.

(1) DIRECT ADMISSIONS (LINE 3) Enter on this line all direct admissions as defined above.

(2) TRANSFERS (LINE 4). Are defined as such patients who had *previously* been directly admitted to a dispensary or hospital and who are subsequently sent to another medical installation for further treatment of a current condition.

c. DISPOSITIONS. Patients discharged during the report week will be classified as follows :

(1) DUTY. Patients returned to duty.

(2) TRANSFER. All patients transferred to another medical installation for diagnosis or further treatment of a current condition.

(3) DEATHS. All deaths including Dead on Arrival (DOA) (CRO) except those killed in action (KIA) which will be accounted for on (N) Line 40. The cause of death for every death entered on Line 9 (J) will be listed under « REMARKS » Line 38, or on an appended sheet. Standard nomenclature will be used. The primary cause of death will be given and, in the case of Battle Casualties, the type of weapon or missile causing the death will, whenever possible, be listed.

(4) OTHERWISE. All other dispositions, i.e., AWOL in excess of 10 days and

cases carded for record only (CRO), except carded deaths which are disposed of on Line 9.

d. HOSPITAL PATIENTS. Hospitals may admit patients to Hospital or Quarters. Dispositions will be tabulated separately under each category according to type of disposition. Patients in convalescent facilities under supervision of the reporting hospital will be carried in the Patient's Table under Hospital.

(1) HOSPITAL TO OR FROM QUARTERS. Patients originally admitted to quarters by a hospital and then transferred from quarters to the reporting hospital or to convalescent facility of that hospital will be entered on Line 5 under Hospital in Admissions and dropped on Line 11 under Quarters in Dispositions.

(2) Patients originally admitted to the hospital or convalescent facility and then transferred from the hospital or convalescent facility to quarters will be entered on Line 5 under Quarters in Admissions, and dropped under Hospital in Dispositions on Line 11.

(3) Since patients admitted under Hospital on Line 5 are dropped under Quarters on Line 11 and vice-versa, the total of Line 5 will *always equal* the total of Line 11.

e. DISPENSARY PATIENTS. Dispensaries may admit patients to either Hospital or Quarters.

(1) ADMISSION TO HOSPITAL. Patients sent directly by the reporting dispensary to a hospital without loss of time in quarters will be recorded under Hospital, Line 3 Admissions and *immediately disposed of under Transfer, Line 8 in Dispositions.* Dispensaries will not record patients admitted to Hospital under Disposition to DUTY or REMAINING IN HOSPITAL at end of the report period.

(2) ADMISSION TO QUARTERS. Patients admitted to a dispensary and remaining on a quarters status at midnight of the same day will be entered on Line 3 (E) Direct, under Quarters except cases admitted by transfer from another dispensary. A patient who is sent to a hospital any time after midnight of the day of admission will be dropped from the dispensary report as Transferred under Quarters, Line 8.

f. CONVALESCENT PATIENTS.

(1) Patients in convalescent facilities will be recorded as Hospital Patients. The reporting hospital will not record a change in the Patients' Table when patients are transferred to its own convalescent facility. Patients transferred to the convalescent facility of another hospital will be disposed of under Hospital-Transfer, Line 8 by the reporting hospital. The receiving hospital will report such patients as Admissions by Transfer on Line 4. The number of such convalescent patients included as remaining on the last day of the report period will be reported separately under Remarks, Line 38 or on an appended sheet ; e.g., patients remaining in Convalescent Facilities (or Convalescent Hospitals) Disease———, Injury——, Battle Casualty———.

(2) Patients occupying beds in a fixed hospital will not be considered as cases in a convalescent facility even though they are included in a rehabilitation or reconditioning program instituted at the hospital.

g. PATIENTS IN OTHER THAN U, S. ARMY HOSPITALS.

U. S. Army personnel transferred to Allied or civilian hospitals will be dropped immediately by Transfer, Line 8 by the reporting unit.

h. CARDED FOR RECORD ONLY.

(1) ADMISSION. Deaths (except KIA casualty) carded for record only, including DOA's (Dead On Arrival), and Venereal Disease cases, not previously treated for the same current condition by any Army medical installation as an Army case, which are treated on an out-patient (duty) status, will be reported by the receiving hospital or dispensary as a Direct Admission on Line 3, under Hospital. Carded patients, *once reported* by a receiving unit, will *not* be entered on any other unit's 86ab.

All other patients, except those listed above, who are carded for record only will *not* be reported on the Statistical Health Report even though an individual medical record is prescribed.

(2) DISPOSITION.

(a) *Carded deaths* will be disposed of on Line 9, Deaths, under Hospital.

(b) *Other patients* will be disposed of on Line 10, Otherwise, under Hospital.

(3) *Cases carded for record only* (CRO) will be summarized by type of case, i.e., Disease, Injury and Battle Casualty and listed in « Remarks », Line 38 or on an appended sheet.

i. SICK LEAVE OR FURLOUGH. Patients on sick leave or furlough will be reported as Remaining on Line 18 if they are to return to the reporting hospital before final disposition. If the patient is to return to duty upon expiration of sick leave or furlough, he will be

disposed of as Duty, Line 7 on the day he leaves the hospital.

j. ABSENT WITHOUT LEAVE (AWOL). AWOL for more than 10 days will be regarded as a final disposition and will be entered under Otherwise, Line 10. AWOL patients will be carried in Section II, the Patient's Table up to 10 days but will be omitted from Sections IV and VII immediately upon absence.

k. CLASSIFICATION BY DISEASE, INJURY, AND BATTLE CASUALTY.

(1) GENERAL. Patients will be classified according to the primary cause of initial admission and reported in one of three categories of cases ; namely, disease, injury, or battle casualty. In instances of patients suffering from both disease and injury at the time of initial admission, the most serious condition present will be taken as the primary cause of initial admission and will determine the classification. Patients admitted for a battle casualty and a disease or injury will be classed as a battle casualty. When it is discovered that an individual is carried in the Patient's Table Section II under the wrong category, the case will be dropped as if by Transfer on Line 8 and picked up under the correct category as if by Transfer-on Line 4.

(a) *Disease.* All cases other than those resulting from injury or battle casualty will be classed as Disease. Included among the disease cases will be patients suffering from reactions to medication other than acute poisoning, patients admitted for the sequela of an injury incurred prior to entering the service, and patients readmitted for the results of a traumatism (battle or non-battle) incurred during service.

1. *READMITTED « Old » wounds or injuries.* These will be classified as *Disease.* The number of « old » wounds or injuries admitted during the report period will be shown under Remarks, Line 38, or an appended sheet as follows :

Old Battle Casualties ——
Old Injuries ——
Total ——

(b) *Injury.* The term « Injury » will include traumatisms other than those defined as battle casualty. (The term traumatism refers to morbid conditions resulting from external causes. It includes acute poisoning except food poisoning, the results of exposure to heat, cold and light. as well as various types of wounds.) Trench foot will be considered to be an injury. Injuries occurring among patients in a medical installation will not be recorded on the Statistical Health Report.

(c) *Battle Casualty.* A battle casualty is a traumatism (wound or injury) which is incurred as a direct result of enemy action during combat or otherwise, or is sustained while immediately engaged in, going to, or returning from a combat mission. It does not include traumatisms occurring on purely training flights or missions. Psychiatric cases will not be reported as battle casualties even though they occur during combat.

4. ARMY NEUROPSYCHIATRIC CASES (SECTION III).

GENERAL. Special information, as required on the form will be completed for U. S. Army neuropsychiatric cases. Information will be given for psychiatric and organic neurologic diseases separately.

a. PSYCHIATRIC CASES. Include U. S. Army patients with psychoneurosis (Neurosis, neuroasthenia, battle reaction, hysteria), psychosis, constitutional psychopathic state, mental deficiency, or other psychiatric disorder not classifiable as organic neurologic. Cases occurring in combat which are diagnosed without qualification as « Exhaustion », « Operational Fatigue », « Flying Fatigue », etc. will be reported as psychiatric diseases and will not be considered battle casualties.

b. ORGANIC NEUROLOGIC. Include U. S. Army patients with epilepsy, neuritis, multiple sclerosis, etc.

(1) *Admissions.*

(a) *Direct.* Include patients directly admitted to hospital or quarters and patients already in hospital or quarters for other causes in whom neuropsychiatric symptoms are diagnosed.

(b) *Transfer.* See paragraph 3, a, General.

(2) *Dispositions.*

(a) *Duty.* See paragraph 3, c, (1).

(b) *All Other.* Include all neuropsychiatric cases disposed of by hospital or dispensary during the report period except patients returned to duty. Neuropsychiatric cases who have recovered from the neuropsychiatric disorder but remain in hospital or quarters for further treatment of another disease, injury or battle casualty will also be included in this classification.

(3) *Remaining on Last Day of Period.* Neuropsychiatric cases remaining on last day

of period will be recorded separately in columns 8, 9, and 10 as to patients in open or locked wards. The total shown in column 10 will agree with the total in column 1, Remaining from Last Report, on the subsequent report.

5. PATIENTS OCCUPYING BEDS (SECTION IV).

All patients (Army and all other military and civilian patients) who were actually in the hospital or in convalescent facilities on the last day of the report period will be considered as occupying beds. Patients on sick leave, furlough AWOL, or away from the hospital for some other reason will not be shown under PATIENTS OCCUPYING BEDS. The space reserved for Allied and Neutral Armed Forces will also include co-belligerent military personnel. Merchant Marine personnel will be considered civilians.

6. DAYS LOST BY ARMY PATIENTS (SECTION V).

A tabulation will be made of the number of days lost during the report period by U. S. Army patients in hospital, quarters, or convalescent facilities. Days lost will be computed separately for total disease, injury and battle casualty (Disease will include Venereal Disease). This will be obtained by adding the number of patients by type of case treated daily during the period. Patients away from the hospital on sick leave, furlough or AWOL (less than 10 days) *will* be included in computation of days lost from duty.

7. DAYS LOST BY ARMY PATIENTS BECAUSE OF VENEREAL DISEASES (SECTION VI).

a. A separate tabulation will be made of days lost by U. S. Army patients because of venereal diseases *by the unit treating the disease.* Total days lost will be the sum of the daily number of U. S. Army patients with venereal disease in hospital, quarters and convalescent facilities during the report period. Patients accounted for on the hospital 86ab *will not* be picked up on the 86ab submitted by their own units. Patients with a venereal disease who are kept in a medical installation as a result of condition other than the venereal disease after the time when they normally would have been treated on a duty status *will not* be considered as losing time caused by the venereal disease.

b. A separate tabulation will be made for white and colored patients and by Army (Less WACs) and Women's Army Corps (WACs).

8. HOSPITALIZATION (SECTION VII). Tabulation of hospitalization data will be made as of Friday midnight of the report week.

a. CLASSIFICATION AND DEFINITIONS.

(1) FIXED HOSPITALS. Includes all numbered field, station and general hospitals except field hospitals operating as mobile units. Fixed hospitals used temporarily as non fixed hospitals will be reported as *fixed hospitals.*

(2) NON FIXED HOSPITALS. Includes convalescent hospitals, evacuation and portable surgical hospitals and field hospitals operating and designated by Hq MTOUSA as mobile units. Non fixed hospitals which are temporarily used as fixed hospitals will nevertheless be reported as non fixed hospitals.

(3) CONVALESCENT FACILITIES. Include buildings or tents set up for the convalescence and reconditioning of patients who no longer require medical and nursing care but who are not sufficiently recovered to return to duty. Beds set aside for convalescent patients in fixed hospitals will not be reported as convalescent facilities.

(4) CONVALESCENT HOSPITALS. Reported as non fixed hospitals.

(5) TENTAGE. Tents used for hospitalization will be termed tentage and reported in columns 4, 5, and 6.

b. NORMAL BED CAPACITY.

(1) FOR ALL HOSPITALS (including convalescent facilities) the normal bed capacity reported will be based on the Table of Organization and Equipment under which they are organized regardless of whether or not the beds are actually set up and available for use. Normal bed capacity reported will always be constant unless authorized changes in the T/O and E are made.

(2) NON-UTILIZED NORMAL BED CAPACITY. If normal bed capacity cannot be fully utilized an explanation will be included under « Remarks » Line 38.

c. EXPANSION BED CAPACITY. The number of beds authorized by Headquarters MTOUSA that *can* be set up and made available for use above T/O capacity. Such beds are referred to as « Beds in Excess of T/O » (Column 11) where non fixed hospitals are concerned.

d. BEDS OCCUPIED. All patients (U. S. Army and all other military and civilian patients) who are actually in hospital or conva-

lescent facility on Friday midnight of the report period will be recorded as occupying beds; and will be listed under the various classes of Medical Department facilities on Line 35. The total of Section IV *will agree* with the total of Section VII, Line 35, columns 9, 10, and 11.

e. BEDS IN DISPENSARIES. The number of beds in numbered general dispensaries, base dispensaries (AC) and clearing companies on functional employment will be tabulated separately and listed in the « Remarks » section, Line 38, as follows: Dispensary Beds or Clearing Beds Available——; Occupied——.

f. BEDS IN LOCKED WARDS. The number of beds in locked wards will be reported on Line 36. These beds will also be reported in the tabulation of Bed Capacity and beds occupied under the corresponding category.

g. NUMBER OF BEDS FOR PRISONERS OF WAR. All beds provided for prisoners of war will be reported as « Stockade », Line 36. This entry will include beds in U. S. Army hospitals, captured hospitals operating under U. S. Army supervision and used only for prisoners of war, and dispensaries that have beds available for such purposes authorized by special T/Os and Es.

h. BED CREDITS. This space will be left blank.

9. MISCELLANEOUS (SECTION VIII).

a. KILLED IN ACTION SINCE LAST REPORT. Pertains to U. S. Army personnel *only* who have died as a direct result of enemy action before reaching an aid station or dispensary. The number reported here will *not* be included under « Battle Casualty » in Patient's Table, Section II.

b. PERCENT REMAINING SICK ON LAST DAY OF REPORT PERIOD. Will be computed on consolidated reports submitted by armies, base sections and AAFSC/MTO *only*.

c. PATIENTS IN OTHER THAN U. S. ARMY HOSPITALS. Enter all U. S. Army patients in other than U. S. Army hospitals such as U. S. Navy, British, and other Allied medical installations. Appropriate entries will also be made in the Patient's Table, Section II.

d. DEATHS AMONG THESE PATIENTS (LINE 42). Enter as a total, deaths of U. S. Army personnel in other than U. S. Army hospitals. Tabulation will be shown under « Remarks », Line 38, by type of case, i. e., disease, injury and battle casualty.

10. COMMUNICABLE DISEASES (SECTION IX).

a. GENERAL. All communicable disease cases occurring among U. S. Army personnel *only* and admitted to hospitals, quarters or convalescent facilities will be accounted for in this section.

(1) *Column 1 – Cases Remaining from Last Report.* Include the number of cases remaining at the end of the last period under each disease. This number will *always* agree with the number of cases shown in column 6 of the previous report.

(2) *Column 2 – By Direct Admission, Change of Diagnosis and Informal Transfer.* All transfers will be considered Formal Transfers. Direct admissions (as defined in paragraph 8, a), changes of diagnosis and added associated diseases will be reported under this heading.

(a) *Direct Admissions.* When a patient is *first seen* at an aid station, dispensary or hospital and positive diagnosis is made, such patient will be shown in column 2 as a direct admission. In the case of communicable diseases, a patient seen at a medical installation for the first time, for whom tentative (*not* positive) diagnosis is made, will only be picked up in Section II and will not be shown in Section IX except where the diagnosis is FUO. The medical unit to which the patient is transferred (usually a hospital) will list the case as a direct admission when a positive diagnosis is made.

(b) *Changed Diagnosis Where Original Diagnosis Is Not Concurred In.* Where hospitals or other medical installation receive patients by transfer and the receiving units do not concur in the diagnosis, the patient will be listed by the reporting unit as a direct admission under the changed diagnosis. Notification of such non-concurrence and the changed diagnosis will be sent, as soon as practicable, to the first admitting medical unit (usually an aid station or dispensary). This notification is for *Information only* and will *not* be used as a source of data for the 86ab.

(c) *Added Associated Diseases.* Communicable diseases which are diagnosed among patients in hospital, quarters or convalescent facilities will be shown as new cases in column 2. This applies when a disease case is diagnosed during the course of treatment for some other disease (communicable or non-communicable). Each such disease will be carried until patient has recovered from that particular illness.

(3) *Column 3 – Readmitted.* When a patient who has been returned to duty or has

been « Carded for Record Only » is subsequently readmitted to the same or some other medical unit for treatment of the *same* communicable disease, entry will be made on the appropriate line under column 2 and *also* on the same line in column 3 as a Readmitted case. Example : « old » gonorrhea, « old » syphilis, or relapses of malarial fever. The transfer of a patient from one medical unit to another does not constitute a readmission. Patients returning with common respiratory diseases will be considered new admissions.

(4) *Column 4 – Formal Transfer.* Enter all cases admitted by transfer from another medical installation where the diagnosis is concurred in by the reporting unit.

(5) *Column 5 – Cases Disposed of Since Last Report.* Communicable disease cases when terminated will be shown in this column even if the patient remains hospitalized for some other disease (communicable or non-communicable) injury or battle casualty. Also enter in this column the following :

(a) Patients discharged to duty.

(b) Patients transferred to another medical installation.

(c) *Deaths.* Where a communicable disease was the primary cause of death.

(d) AWOLs after 10 days.

(e) Patients carded for record only. (Admitted in column 2 and immediately disposed of in column 5).

(f) Change of diagnosis (original diagnosis is disposed of in this column).

(6) *Column 6 – Cases Remaining Under Treatment.* The actual number of cases of each communicable disease under treatment on Friday midnight. This figure will always agree with cases « Remaining from Last Report », column 1, on the subsequent report.

(7) *Column 7 – Deaths From Communicable Diseases.* Entries in this column will also be included in column 5. Where death occurs simultaneously because of two or more communicable diseases, the death will be listed under the various diseases and explanatory note will be appended.

b. DEFINITION OF CERTAIN COMMUNICABLE DISEASE TERMS.

(1) *Common Respiratory.* This heading will include all cases diagnosed as acute catarrhal bronchitis, acute coryza, acute catarrhal pharyngitis, acute catarrhal nasopharyngitis, and acute catarrhal laryngitis.

(2) *Influenza.* While differentiation of influenza from common respiratory diseases is admittedly extremely difficult, an attempt should be made, particularly in epidemic periods, to make this distinction.

(3) *Meningitis, Meningococcic.* It is correct for the purposes of this report to include on this line cases of meningococcemia.

(4) *Pneumonia, Secondary.* This term will include pneumonias occurring with or as a complication of other diseases (except common respiratory diseases), as for example, influenza or measles. The term will also be used to cover postoperative pneumonias and pneumonias caused by inhalation of chemicals.

(5) *Pneumonia, Primary.* This term will include all pneumonia occurring in association with common respiratory diseases, but will not include pneumonia secondary to influenza or measles. Primary atypical pneumonia (etiology unknown) will be shown separately.

(6) *Streptococcal Sore Throat.* This diagnosis includes cases of tonsilitis or pharyngitis known or suspected to be caused by the beta hemolytic streptococcus. The use of the term « septic sore throat » will be reserved for explosive outbreaks of sore throat transmitted by a food product (usually milk) containing the hemolytic streptococcus.

(7) *Bacterial Food Poisoning.* Cases to be entered under this diagnosis are those occurring in epidemics with explosive onset of vomiting and diarrhea in groups of individuals who have consumed the same suspected food. Outbreaks of this nature usually result from contamination of food either with an enterotoxin-producing staphylococcus or with a member of the Salmonella group. This diagnosis need not, however, be limited to cases on whom bacteriologic studies have already confirmed the nature of the infectious agent. In the past, many outbreaks of bacterial food poisoning have been incorrectly listed under common diarrheas or injury. Cases of bacterial food poisoning will be considered as cases of disease and classified accordingly in Section II of the report as well as in Section IX.

(8) *Common Diarrheas.* This diagnosis will include all cases diagnosed as colitis, diarrhea (cause undetermined), formentative diarrhea, enteritis, enterocolitis, intestinal indigestion and intestinal toxemia when associated with diarrhea.

(9) *Malaria Acquired Outside United States.* This heading will include cases of malaria in persons who are or have been recently

in malarious regions outside the continental United States and who presumably have acquired their infection while abroad.

(10) *Typhus Fever.* The type of disease will be specified (epidemic, endemic, scrub typhus or tsutsugamushi fever).

(11) *Hepatitis, Infectious.* While the etiology of this disease is still unknown and the diagnosis must usually be made by exclusion, it is desired that the terminology « infectious hepatitis » be used in preference to « cholangitis », « jaundice », or « catarrhal jaundice » for all cases conforming to the pattern of this disease.

(12) *Rheumatic Fever.* Cases of rheumatic fever, whether first or recurrent attacks, are reportable ; cases of chronic rheumatic heart disease *are not.*

(13) *Reactions to Drugs, Serums, and Vaccines.* Reactions to drugs, serums and vaccines (such as triple typhoid vaccine, tetanus toxoid, etc.) will not be reported in Section IX of the report.

(14) *Special, Not Listed.* The following diseases will be entered when they occur. Negative entries are not required.

SUPPLEMENTAL COMMUNICABLE DISEASE REPORT

1. Hospitals and dispensaries assigned or attached to a Base Section Command will submit a weekly supplemental communicable disease report in addition to the weekly Statistical Health Report WD MD 86ab, which will be an attachment to the 86ab. This supplemental report will be on a form containing the following information for all cases reported in column 2, Section IX, of the 86ab.

PARAGRAPH 1.

a. DIAGNOSIS. The Diagnoses will be the same as those listed in Section IX of the 86ab. No diagnosis will contain information about a case other than the disease reported. Venereal Diseases will *not* be listed. Malaria will be reported as « Primary » (first clinical attack), and « Other ».

b. The military organization to which the patient is assigned will be shown for cases reported in column 2, Section IX, of the 86ab.

c. The number of cases for each diagnosis admitted from an organization will be shown, i. e., Influenza, 22nd Ordnance Company, 5 cases. Venereal Disease will be listed separately.

d. The cases reported as « Malaria », « Intestinal » and « Sandfly Fever » in column 2, Section IX which were previously reported as « FUO » will be designated by organization and number of cases.

Anthrax
Blackwater Fever
Cholera
Coccidioidemycosis
Gas Gangrene
Infectious Encephalitis
Leprosy
All Communicable Tropical Diseases
Trachoma
Trichinosis
Tsutusgamushi Fever
Tularemia
Smallpox
Undulant Fever
Weil's Disease
Yellow Fever
Trench Foot
Immersion Foot
Frostbite
Rickettsial Disease
Rocky Mountain Spotted Fever

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11. « NEW » VENEREAL DISEASES (SECTION X).

a. Include in this section all new cases of venereal disease not previously reported by any other medical installation.

b. All venereal disease cases will be entered in the space « Not-EPTS » unless onset was prior to entrance into military service.

c. The total number of cases under each category (EPTS, NOT-EPTS, WHITE, COLORED) will always agree with the number of cases reported in Section IX, column 2, minus column 3 for each venereal disease.

X - SPECIAL TELEGRAPHIC REPORT

A report by radio or teletype will be made to the Surgeon, MTOUSA, as soon as the diagnosis is made in every case of typhoid fever, paratyphoid fever, typhus, smallpox, tetanus,

plague, and yellow fever by the hospital making the diagnosis. The report will include name rank, army serial number, organization, and date of last pertinent vaccination.

XI - THE MONTHLY SANITARY REPORT

1. References : AR 40-275, dated 15 November 1932, as amended by C1, AR 40-275, dated 25 January 1943 ; AR 40-2255 dated 5 February 1934, as changed by Circular Letter Number 76, SGO, dated 27 July 1942, letter, (WD AGO, File AG 430-2, 1-12-42), Subject : « Improvement of the Nutrition of Troops ».

2. PURPOSE. The purpose of the sanitary report is to bring formally to the attention of the commanding officer concerned and/or higher echelons of command such matters as cannot be or have not been corrected by informal local action. The report is also intended to furnish higher echelons with a concise report of the sanitary, hygienic, and medical status of the unit reporting.

3. SUBMISSION OF REPORT. The report will be rendered in sufficient copies to reach this headquarters in duplicate. Reports will be transmitted through command channels.

4. CLASSIFICATION. Sanitary reports should not mention troop movements, location of units or strength. They can usually be classified « CONFIDENTIAL ».

5. FORM. To assure uniformity, the following outline will be adhered to. Paragraph headings will always be shown :

_____
(UNIT) (APO)

_____
DATE

721.5

SUBJECT : Monthly Sanitary Report.

TO : The Commanding Officer,

Pursuant to the provisions of paragraph 1c, AR 40-275, the following sanitary report is submitted for the month of ——, 19—:

1. ENVIRONMENTAL SANITATION. Comment on drainage, water supply, methods for disposal of wastes, latrine sanitation, food supplies and their storage and preparation, mess and messkit sanitation, methods for control of disease bearing or other insects, particularly flies, lice, and mosquitos, or other matters connected with environment.

2. PERSONAL HYGIENE. Comment on general physical condition of the command as determined at semi-monthly physical or other inspections. Comments will be made as to the incidence of scabies, lice, fungus infections of the skin, and the conditions of teeth, gums, and feet, the number of cases of venereal disease detected at inspections and other pertinent information relating to personal hygiene. The approximate percentage of the command actually present but not physically inspected during the month will be reported. Notation will be made as to whether or not all prescribed immunizations have been completed.

3. UNDUE PREVALENCE OF ACUTE COMMUNICABLE OR OTHER DISEASES. Comments with special emphasis on malaria, typhus, dysentery, jaundice, venereal and respiratory diseases. If any outbreaks of one or more of these diseases (endemic or epidemic) have occurred during the month, their origin, method of dissemination, and the measures instituted for their control will be discussed. Copies of special reports, and local administrative bulletins based thereon, will be attached as exhibits, in which case, only brief discussion is necessary.

4. NEW OR IMPROVED ADMINISTRATIVE MEASURES AND SANITARY APPLIANCES. Comment will be made on administrative measures of proved or potential value. In case such appliances or administrative measure have been made the subject of separate formal reports, copies thereof will be attached to sanitary report as exhibits, or adequate reference thereto will be made.

5. SUBJECTS NOT COVERED UNDER OTHER HEADINGS :

a. VETERINARY SANITARY REPORT. (AR 40-2255, dated 5 February 1934), Circular Letter Number 76, SGO, dated 27 July 1942, requires that this report be included in the monthly sanitary report of all commands having a veterinary officer. If no report is required, so state.

b. NUTRITION. Designation of the ration issued to troops and hospitalized patients with comments on nutritional adequacy, variety, and acceptability. If vitamin supplements are considered necessary, give specific information on which opinion is based.

c. CLIMATE. Comments on any abnormal effect of climate upon personnel, giving basis upon which conclusion is drawn.

d. EVACUATION OF CASUALTIES. Comment on unusual difficulties and methods.

e. EQUIPMENT AND SUPPLIES. Comment on surgical and diagnostic equipment, drugs, biologicals, dental, and other medical supplies. Include pertinent data on qualitative adequacy, packaging, and the effects of extremes of heat, cold, or humidity, on their storage and use.

6. RECOMMENDATIONS. Recommendations will be made for the correction of all sanitary irregularities reported in preceding paragraphs, for the improvement of existing, or the installation of new, sanitary appliances, or for the adoption of administrative measures for the protection of the health of the command. If there are no recommendations, the statement « None », will be made.

(SIGNATURE)

XII - MONTHLY STATISTICAL VENEREAL DISEASE REPORT

1. The Monthly Statistical Venereal Disease Report will be submitted in accordance with the following :

a. A Monthly Statistical Venereal Disease Report will be prepared by the surgeon of each major element of the army in the Mediterranean Theater of Operations. The report will cover the period extending from midnight of the last Friday of the previous month to midnight of the last Friday of the current month.

b. The surgeon of divisions, corps, and independent units smaller than a division will forward the original through command channels. The original will be retained and consolidated by the surgeon of armies, task forces, armored forces, air forces, base commands ; two copies of the consolidated report will be forwarded through command channels, and one copy forwarded directly to the Surgeon, MTOUSA.

c. The report will be submitted on the form indicated below :

d. Cases of venereal disease listed in the report will include « New », cases (cases not previously reported at any military station). « Old » cases (cases previously reported by either the reporting organization or by some other organization) will *not* be included in the number of cases.

e. All time lost from duty as a result of venereal infection by « New » and « Old » cases will be included in the report.

f. Cases treated on a duty status, and previously carded for record, if later admitted to the hospital for the same infection, will be designated as « Old Cases ».

g. An individual having more than one disease on the same admission will be listed as a case of each disease with which he is infected, but only the actual number of days lost from duty, because of venereal disease, will be counted.

h. White and colored cases and strengths will be shown separately in all reports and appropriate subtotals shown.

i. WAC organizations will be shown separately but will be included in the totals and rates.

j. Where the rate for an organization is materially influenced by cases infected prior to assignment to the organization, appropriate explanatory footnotes may be included but the rate shown in the report will include all such cases.

k. All reports for units in this Theater of Operations will be classified as « SECRET ».

2. INDIVIDUAL REPORT OF VENEREAL DISEASE CASE AND CONTACT.

This report is no longer required by the Surgeon, MTOUSA, but may be required by surgeons of lower echelons.

3. UNIT NOTIFICATION OF VENEREAL DISEASE CASE.

Upon discharge of a venereal patient from a medical installation, notification of such fact

MONTHLY REPORT OF VENEREAL DISEASE OCCURRING IN ORGANIZATIONS

Of _____ for the _____ week period ending _____
(Name of Organization) (4 or 5) (Date)

Organization	Mean Strength	NUMBER OF CASES						Rate per 1000 per Annum	Total days lost from duty during period
		Syphilis	Gonorrhea	Chancroid	Lymphogranuloma Venereum	Granuloma Inguinale	Total Cases		

in writing will be furnished the unit surgeon, through the unit commanding officer. Information will be furnished on a form which will include name of patient ; army serial number ; laboratory tests performed with the results, such as serology, darkfields, smears, etc. ; final diagnosis ; total number of days hospitalized (lost from duty) due to observation and treatment of this venereal disease ; treatment given as penicillin (units), sulfonamides or other and a statement indicating that the case has been reported on this organization's WD MD 86ab report as new, old or formal transfer.

XIII - REPORT OF ESSENTIAL TECHNICAL MEDICAL DATA (Letter A G 729/14, Surg-), NATOUSA, dated 22 August 1943.

1. This report will be submitted through command channels. It is desired that a copy of the reports rendered by individual units be forwarded with the consolidated reports from Base Sections, Armies and the Air Force Service Command/MTO. Reports will cover the calendar month and be submitted on or before the 15th of the following month.

2. STATISTICAL DATA. When rates or percentages are given in the report the actual numbers which formed the basis of the computation should be listed i.e., if average days lost for various diseases are shown then the total days lost for each disease as well as the number of cases of that disease will be shown in the tabulation. This information will permit consolidation to be made by this headquarters.

XIV - VETERINARY RECORDS AND REPORTS

1. VETERINARY STATISTICAL REPORT (WD MD FORM 86c). Necessary information concerning veterinary personnel, other personnel attached for duty with veterinary units, transportation, and material is rendered on the Statistical Report (WD MD Form 86c). This form is adapted to the veterinary service by the insertion of the word « Veterinary » above the heading. This report will be rendered monthly and the information therein will agree with the morning report of the last day of each month. The report will be submitted by all veterinary officers commanding veterinary units or detachments or by the surgeons of units or detachments having veterinary personnel but no veterinary officer. This report form will be prepared in triplicate, the original being forwarded through medical channels for consolidation in such administrative offices as may be concerned ; one will be forwarded direct to the Office of the Surgeon, MTOUSA, and one copy retained by the organization originating the report. The strength of the command (Humans and Animals) receiving veterinary service from the unit or organization submitting the report will be shown. The monthly roster attached to the Statistical Report WD MD Form 86c (Veterinary) will show all Veterinary Corps officers and enlisted men assigned or attached by name, rank and serial number. Changes of status of officers and enlisted men assigned or attached by name, rank and serial number. Changes of status of officers and enlisted men such as transfers and promotions will be indicated.

2. REPORT OF VETERINARY MEAT AND DAIRY HYGIENE INSPECTION (WD MD FORM 110). This report will be prepared in quadruplicate by the veterinarian of every field unit conducting food inspections reportable on WD MD Form 110, under the provisions of AR 40-2150, dated 9 October 1942. The original and duplicate will be forwarded to the unit surgeon, who will indorse and forward both copies, through medical channels, to the Surgeons, Base Sections, Surgeon AAFSC/MTO or Army Surgeon. The unit surgeon will furnish the veterinarian with a copy of his indorsement. The triplicate, along with the indorsement of the surgeon, will be filed by the veterinary office in the veterinary history of the organization. The Surgeons, Base Sections, Surgeon AAFSC/MTO or Army Surgeon, upon receipt of the report, will examine it for errors. If corrections are necessary, the report will be corrected if possible, otherwise, it will be returned to its origin for correction. The original and duplicate or corrected original and duplicate will be forwarded to the Surgeon, MTOUSA. The quadruplicate will be forwarded to the contracting Quartermaster. In the absence of a veterinary officer, the surgeon will prepare and forward this report in accordance with existing regulations. In the preparation of the Report of Veterinary Meat and Dairy Hygiene inspection, instructions outlined below in addition to those contained in *AR* 40-2150 will be followed :

a. The report will be classified as « SECRET » for security.

b. The following sub-paragraphs as taken from *AR* 40-2150 *are numbered to correspond with the numbered columns on MD Form* 110

and contain instructions concerning the entry to be made therein :

(1) Enter in this column on each sheet of the report, the name and APO number of the unit for which the report is submitted (see par 22, a (1)).

(2) Make the entry in this space after striking out the inapplicable words in the space heading (see par 22, a, (2)).

(3) Enter in this space the mean human strength of the organization or command to which the reporting officer is assigned or attached.

(4) Enter in this column on each sheet of the report the appropriate designation of the class of inspection reported on such sheet (see par 17, a (2), par 22, a (4) and par 22, c).

(5) In column (5) the names of all products and groups of products are shown. The list does not contain a specific name designation for all products requiring an inspection. However, any product subject to an inspection can be properly classified and reported under one of the names appearing in the list (see par 22, a (5) and MD Form 110 as revised 2 December 1942).

(6) Enter on the appropriate line in column (6) and on the proper sheet according to the classes of inspection, the total amounts of the various products inspected and passed. The amounts will be expressed in whole pounds without entering the word « pounds » or abbreviation thereof in the report, except that in reporting Class I and Class 2 inspections the amounts will be expressed as number of animals or carcasses (see par 22, a (6).

(7) Enter on the appropriate line in column (7) and on the proper sheets according to the classes of inspection the total amounts of the various products inspected and rejected because of failure to comply with prescribed requiremets as to type, class, and/or grade. Entries will be made in this column only in the case of class 1, 2, 3, 4, and 8 inspection (see par 22, a (7)).

(8) Enter in the appropriate lines in column (8) and on the proper sheet according to the classes of inspection, the total amounts of the various products inspected and rejected because of insanitary and unsound conditions (see par 22, a (8)).

(9) The entry to be made here is outlined clearly in par 22, a (9) and needs no explanation.

(10) See par 22, a (10).

(11) See par 22, a (11).

(12) See par 22, a (12).

(13) See par 22, a (13).

(14) Enter here unusual conditions encountered during the period for which this report is rendered, storage facilities for frozen products and dry stores, their adequancy and suitability should be commented upon. Methods employed by inspecting officer for the early detection of food spoilage should also be set forth in this space (see also par 22, a (14)).

c. The entries to be made in columns (10), (11), (12), (13) and (14) will be made on the last sheet of the assembled report. If there is not sufficient space under any space heading on the last sheet, the entry will be continued on the preceding sheet (see par 22, a (10) and par 22, i).

d. The report will be signed by the reporting officer on the last sheet of the assembled report only (see par 22, i).

e. The report will be forwarded so as to reach this office in duplicate (see par 23).

f. This report will include the following subjects on food sanitation, prepared in narrative manner and attached as an insert to the report :

(1) Ports.

(a) Describe prevailing conditions aboard cargo vessels as to conditions and sanitation of vessels and products upon arrival.

(b) State temperature of refrigerator compartments aboard vessels carrying perishable products.

(c) Type of storage in port area and nature of inspection.

(2) Dry Storage.

(a) Location of storage area.

(b) Sheds, warehouses, or open storage.

(c) Sanitary conditions prevailing in warehouses and storage areas.

(d) State methods of stacking and frequency with which stock piles are inspected, and methods employed to detect deterioration.

3. VETERINARY REPORT OF SICK AND WOUNDED ANIMALS (WD MD FORM 102 AND 115, AND/OR 115b). In order that higher authority may have constantly available general data relative to the number of sick and wounded animals, hospital accomo-

dations, and the movement of the more important animal diseases, a veterinary report on WD MD Form 102 (Veterinary Report of Sick and Wounded Animals) is required from all veterinary units and detachments with animals. This report will be prepared in quadruplicate by the senior veterinary officer, in accordance with AR 40-2235, AR 40-2245, and TM 8-450, as amended by Change 1, dated 7 July 1942. The original and two copies of WD MD Form 102, along with the original of the 115 and/or 115b, will be forwarded through medical channels to the Surgeons of Base Sections, or Army Surgeon. Upon receipt of this report by the Surgeons of Base Sections, or Army Surgeon, it will be examined for errors. If corrections are necessary, the report will be corrected if possible, otherwise it will be returned to its origin for correction. The original and one copy or corrected original and one copy will be forwarded to the Surgeon, MTOUSA. The triplicate WD MD Form 102 will be filed by Surgeon, Base Sections, or Army Surgeon. The quadruplicate WD MD Form 102, along with the duplicate 115 and/or 115b, will be filed in the veterinary history of the organization submitting the report. In the preparation of the Veterinary Report of Sick and Wounded Animals instructions outlined below in addition to those contained in AR 40-2245 and TM 8-450 as amended by Change 1, will be followed :

a. EMERGENCY VETERINARY TAG (MD FORM 115b), SEE AR 40-2245.

(1) A tag will be prepared for each animal requiring hospitalization in the unit, or evacuated to another hospital for treatment (see par. 2). The tag will remain with the patient until the case is disposed of by return to duty or death. After the patient has been dismissed from the hospital, the tag will be forwarded to The Surgeon General (through medical channels) at the end of the month as an insert to MD Form 102.

(2) Patients transferred from one hospital to another of the same organization does not constitute a formal transfer. All substations forming one command will be covered by one report MD Form 102, i.e., the substations comprising the 6742nd QM Remount Depot.

(3) TAG NUMBER. The entry under « Tag Number » is the register number of the patient when it is admitted to sick report and should not be changed when the animal is moved from one substation to another, neither should additional entries be made in this space. Use the original number until the case is terminated.

(4) CLASSIFICATION. For classification see paragraphs 4, 10, 13, 17 and 18. « Est ». will be written after the number determining the age.

(5) IDENTIFICATION. The Preston Brands used in the North African Theater are not standard, so the words « Brand Verified » should be shown in this space along with the brand (see par. 19, AR 40-2245).

(6) ORGANIZATION. Here should be entered the name of the patient's organization. Example : « 6742nd QM Remount Depot (Prov) or C Btry, 601st F. A. Bn., V Army ». No other entry in this space is necessary.

(7) The spaces marked Division, Corps and Army will be filled only by organization actually belonging to Fifth Army.

(8) STATION WHERE TAGGED. The substation's name and number should be entered here. For example Q-566, Q-572, and Q 581 or Veterinary Dispensary 601 F. A. Bn.

(9) DATE. Enter day, month and year, i.e., 4 May 44 (see par. 23, AR 40-2245).

(10) HOUR. The time the patient was admitted to the hospital should be entered here.

(11) DIAGNOSIS. The diagnostic nomenclature given in existing regulations and TM covers practically all cases admitted to sick report (see par. 25, AR 40-2245 and par. 2 a, TM 8-450 as amended by Change 1). All cases admitted for operation will be carded as such with the technical name of the operation in parentheses. Also designate pathologic or non-pathologic (see par. 25 d (1)). In the past, cases of dermatitis, non-specific, have been repeatedly carded as mange suspects. Some of these cards have gone forward without a change in diagnosis. In the future all such cases will be carded « dermatitis simplex », and should laboratory findings disclose mange mites to be present, the diagnosis will be changed under « complications », superseded by the correct date. This will also hold true of epizootic lymphangitis suspects and other diseases of a reportable nature. Also in this space will be shown the location, cause and variety of disease or injury as applicable (see par. 25 c (2)). Such entries as wounds, gunshot, are not sufficient to describe the condition. It should be located in a region as outlined in Figure 12, Regional Chart, Change 1, TM 8-450.

(12) COMPLICATIONS. Record complications and intercurrent diseases appearing subsequent to admission, surgical operations

and changes of diagnosis (see par 31, AR 40-2245). Operation to correct an abnormality will be shown in this space as outlined in par. 32, AR 40-2245. Castration will be shown as 040 Emasculation of R and L Testicles. Note will be made of anaesthetic used and the dosage. Laboratory confirmations of clinical diagnosis and autopsy findings will also be recorded in this space. Do not put these under the space afforded for final dispositions, except in such cases where the animal has previously been tagged in another station and evacuated.

(13) SIGNATURE WITH RANK AND ORGANIZATION. The officer admitting the case to sick report or the officer in attendance, will sign in this space.

(14) EVACUATED TO AND DATE. Entry will be shown here only when the transfer is of a formal nature. No intra-organization transfer will be shown.

(15) FINAL DISPOSITION. The correct entry in this space is duty, in which, it is assumed that the patient has made a complete recovery. Duty improved, indicates the patient has a partial disability and further treatment would be useless, in which case the degree of disability should be expressed in percentages. Death indicates the animal died as the result of the cause of admission. Other causes of disposition are: destroyed to prevent contagion, destroyed to prevent further suffering and strayed or stolen (see par. 33, AR 40-2245).

(16) TOTAL DAYS TREATMENT. Entry here is the actual number of days the animal received treatment. The day of admission being a day of treatment and the day of discharge being a day of duty.

(17) DATE. Enter the day, month and year the patient was discharged from the hospital (see par 9 above).

(18) NAME AND RANK. This space will be signed by the Senior Veterinarian on duty with the organization.

(19) MD FORM 102.

(a) *First Section.* All data required by instructions under command will be furnished. Under first section, Remarks, include only animals in « Gains and Losses » that are received from or discharged to installations outside the parent organization, 6742nd Remount Depot or the V Army. Change in animal strength of any one of the sub-organizations as the result of inter-organization transfer should not be included in this space. Change of strength should be shown as outlined in figure 10, Change 1, TM 8-450.

(b) SECOND SECTION. Line (D) of the current month should correspond with the entry on Line (L) of the previous month. The entry on Line (E) will be those patients, only, received from your command. Line (F) should be patients received from sources other than your command. These cases should be accompanied by E. V. Tags. If they are not, then you will prepare the original tag at your station. Enter on Line (J) patients, only, which are transferred to veterinary installations not under your control. Transfer within the parent organization will not be shown on this line.

(c) Patient days should be the patient days only for the period for which the report is rendered. This includes all completed and remaining cards for the period. For example: The patient was admitted January 1 and returned to duty March 4. Total days treatment on the E. V. Tag will show 62. However, under Patient Days on the MD Form 102 for January should be counted 31 days, for February 28 days, for March 3.

(d) Reportable diseases will be shown in the « Third Section » and will be only those diseases listed in paragraph 6, AR 40-2090.

4. REPORT OF FORAGE INSPECTION. A daily record will be kept of forage inspected by the veterinary officer on receipt at purchase, whether at purchasing point, at station, or in the field (Section V, AR 40-2035). This report will show, in corresponding columns, the name of the article, the number of pounds passed, the number of pounds rejected, the reason for rejections (insanitary or unsound, not type class or grade) and the name of the contractor, together with a brief remark as to the cause of rejection. At the end of the month, the daily records will be consolidated into a monthly report (letter form), to be rendered in triplicate, the original forwarded through medical channels to the Surgeons of Base Sections or Army Surgeon, one copy to the contracting Quartermaster, and one copy filed. Upon receipt of this report if corrections are necessary, the report will be corrected, if possible, otherwise it will be returned to its origin for correction. The original or corrected original will be forwarded to the Surgeon, MTOUSA.

5. VETERINARY HEALTH CERTIFICATE (WD MD FORM 101). A Veterinary Health Certificate (WD MD Form 101) will be prepared whenever one or more animals are moved or shipped from one station or command to another, or to civilian control by sale. The purpose of this report is to inform the veteri-

narian of the station receiving the animals of their condition at the time of shipment, date of last Mallien test and other pertinent facts. It is not rendered by one organization to another at the same station. Certificates are made out in quadruplicate or quintuplicate, depending on the circumstances of the shipment (AR 40-2035 and TM 8-450). The original and two copies are forwarded directly to the veterinarian of the receiving station, one copy is furnished the carrier, if any, and one copy is retained for file. Following the required quarantine period (AR 40-2035), the receiving veterinarian completes the original and two copies of the form by the addition of information concerning the points at which the shipment was unloaded or encamped, the number and causes of any deaths enroute, the physical condition of the animals upon arrival, and any other pertinent information considered necessary. The completed original and one copy will be forwarded to the Surgeons of Base Sections, and Army Surgeon, and the duplicate retained in the station file. Upon receipt of this report by the Surgeon of Base Section or Army Surgeon, it will be examined for errors. If corrections are necessary, the report will be corrected, if possible, otherwise it will be returned to its origin for corrections. The orginal and one copy or corrected original and one copy will be for warded to Surgeon, MTOUSA.

6. Other veterinary reports required or deemed necessary, will be submitted as directed in applicable Army Regulations or by subsequent directive of this office.

7. Veterinary report will be classified as « *SECRET* » for the purpose of security.

8. VETERINARY HISTORICAL DATA.

a. It is desired that Commanding Officers of Veterinary units and veterinary Staff Officers prepare and forward to the Theater Surgeon's Office, reports containing full, complete and colorful information on their activities and experiences. Such reports should contain coincident with a discussion of the usual administration, organizational and military operations, an account of the problems that have been encountered, the difficulties that have been overcome, the expedients employed, the success achieved, and the failures that occurred and that which should be avoided in the future. In addition the report should contain a discussion on :

(1) Problems on personnel, adequacy, procurement, efficiency, expedients employed to accomplish an objective – this to include the utilization of civilian and prisoner of war labor in connection with veterinary activities.

(2) Training Methods employed to train personnel in both military and technical duties previous trainings, methods of training to further increase the efficiency of the unit.

(3) Equipment Adequacy of equipment as authorized by T/E, serviceability of equipment.

(4) Combat Operations Including the collection, evacuation and hospitalization of wounded animals, types, location of mobile veterinary hospital, employment of units other than U.S., their efficiency and difficulties encountered in their employment.

(5) Transportation - Types used, adequacy and suitability organizational or otherwise.

b. SUBMISSION OF REPORTS. It is requested that the reports and accounts listed in paragraph 8a cover a period of three (3) months and be submitted through technical channels so as to reach this office in duplicate not later than thirty (30) days after each quarter beginning 1 January 1945.

XV - REPORT OF MEDICAL DEPARTMENT PERSONNEL

1. WD MD Form 86c, Section III and accompanying roster, is replaced by the Report of Medical Deparment Personnel (WD AGO Form 8-19) and Roster of Appointed and Commissioned Personnel Assigned to the Medical Department WD AGO Form 8-164).

Effective with report for the month ending 28 February 1945, all units will submit their reports on this revised form.

2. REPORT OF PERSONNEL (FORM 8-19). Extreme care will be exercised in the preparation of this section particularly Table VIII. Proficiency in specialty rating which have *been made by this office* and entered on the individuals Form 66-1 are the only specialty ratings that should be entered in columns (3), (4), (5) and (6).

3. ROSTER (FORM 8-164).

a. The monthly roster submitted with the Report of Personnel will show all Medical Department officers grouped according to functional divisions of the installation (but not grouped by rank). The breakdown should include administrative, medical, surgical, X-ray, laboratory, E.E.N.T., and dental service.

b. Separate rosters will be prepared for the following :

(1) Nurses, dietitians and physical therapy aides. (2) Replacement pools or depots in which Medical Department officers are awaiting assignment. (3) Medical Department commissioned personnel who are members of a detachment of patients. Upon disposition of such officers a final entry, indicating the date and type of disposition, will be made. Medical Department officers reported as members of detachments of patients will be included in the consolidations made by Base Sections.

c. Change of status of officer personnel, such as transfers and promotions, will be indicated citing authority for each change. Changes such as leave of absence or sick in hospital (provided the officer is not transferred to a detachment of patients) will not be shown. Commissioned personnel, other than Medical Department, will be shown according to branch and included under « other commissioned personnel » in Table I. Medical personnel from within the theater attached to the reporting unit for duty will be included under remarks and will be listed numerically in Table III of Form 8-19. Tactical units will submit personnel rosters of each individual unit. Include civilians only if paid by the U. S. from War Department funds. Such personnel will be recorded separately according to: a) Paid from funds allotted to the Medical Department. b) Paid from *other* procurement authorities.

d. The following information will be submitted on a supplemental sheet :

(1) T/O under which organized : (Number and date).

(a) T/O authorized allotment of personnel by branch and rank.

(b) Actual assigned strength of personnel by branch and rank.

(2) Medical Department officer personnel performing duty in other than T/O positions will be listed by name, rank, serial number, specialty and the unauthorized position in which the officer is serving.

(3) The higher headquarters through which the report will be rendered will be shown as part of the organization designation. Example :

(a) 713th Railway Operating Battalion, APO 400, Hq. MTOUSA.

(b) 337th Infantry Regiment, 85th Division, APO 85, Hq. 5th Army.

(c) 132nd Quartermaster Battalion, APO 782, Hq. PBS.

(4) Name, serial number, rank, branch, MOS number, and monthly increment of officer personnel rotated for whom replacement has not been received, and a statment as to whether the officer nominated for rotation has departed.

4. DISTRIBUTION AND CHANNELS OF TRANSMISSION. This report will be submitted monthly as of midnight of the last day of the month. The date will be the last day of the report month. Example : 28 February 1945, Surgeons of Base Sections, Armies, Independent Corps and Air Force Service Command/MTO will consolidate reports of organizations within their respective jurisdictions and will submit the original of the Form 8-19 to the Surgeon, MTOUSA. One information copy of each unit report as well as a roster of all reporting units will be attached to the consolidated report by all commands except the Air Force Service Command/MTO which will forward information copies only of *units attached* for duty. Transfer of units into and out of the Base Section, Army, Air Force, or other separate command with pertinent dates will be reported under remarks.

5. SPECIAL INSTRUCTIONS FOR THE PREPARATION OF REPORT OF MEDICAL DEPARTMENT PERSONNEL (WD AGO FORM Nº 8-19).

The report of medical department personnel will be submitted by every unit under the control of the Army Ground Forces, having assigned or attached medical department personnel. This report will furnish data concerning numerical strength of personnel in Medical Department organizations, and organizations having Medical Department Personnel, according to grade and specialty to assist in proper utilization of personnel. Separate units will render individual reports. Divisions will render consolidated reports for Medical Department Personnel of the Division. Detachments or units detached from parent organizations will submit a separate report. This report will be prepared monthly as of midnight, the last day of the month. It will be forwarded at the earliest practicable date and in no event later than the fifth day of the month succeeding the period reported. Consolidations made by Base Sections and Army should be forwarded so as to reach the office of the Surgeon, MTOUSA, by the fifteenth of the month succeeding the report period. Commissioned and enlisted personnel of Veterinary Detachments will be reported separately as required by paragraph 8, AR 40-2235.

a. *Unit and Location* : Unit will use APO number instead of actual location.

b. *For the Month Ending* : Indicate specifically the day, month, and year. Example : 30 June 1945. When rendered for a lesser period than one month, inclusive dates will be clearly indicated.

c. *Table I, Commissioned Personnel* : Items are self-explanatory. Lines 1 to 11, Column 2, may be left blank except for Medical Corps by installations operating under the bulk allotment system, but will be completed by all T/O organizations. Medical Department commissioned personnel will be reported in lines 1 to 10 inclusive. Commissioned personnel of other branches assigned to Medical Department units and installations for duty will be reported on line 11. This includes Branch Immaterial, Chaplains, Women's Army Corps, Finance Department Officers, etc.

d. *Table II, Warrant Officers* : Self-explanatory.

Lines 36 through 47 are left for additional entries when applicable to furnish flexibility to the report. Officers not qualified as specialists, but qualified for general professional duties will be shown on line 49, « Medical Officers, General Duty ». The total on line 50 of this table should agree with the number reported on line 1, column 5, of Table I.

e. *Table III, Other Military Personnel Attached* : Report all military personnel actually attached for duty, administration, or training, and not included in other sections of this report. This will include all Medical Department Personnel in Detachment of Patients or Replacement Pools.

f. Table IV, Enlisted Personnel Assigned to Medical Department for Duty : All enlisted personnel including enlisted members of the Women's Army Corps present and absent assigned for duty will be accounted for in the proper spaces. Enlisted personnel of other branches classed as operating personnel assigned to Medical installations under their personnel authorization will be included. Medical installations operating under the bulk personnel allotment system will combine the technicians with the related non-commissioned officer grade for the purpose of reporting entries in column 2, lines 23 to 28 inclusive.

g. *Table V, Civilian Employees* : Report civilian employees paid from Medical Department funds and employees paid from other funds and on duty at the medical installation, separately on the appropriate lines.

h. *Table VI, Total Assigned* : This table includes the totals of Tables I, II, IV, and V.

i. *Table VII, Enlisted and Civilian Specialists* : Report total numbers only. Indicate any additional numbers required in column 5 of this table. Lines 62 to 72 may be used for additional specialists to be reported when requirements place them in the scarce category of skills ; all entries may be changed as requirements indicate.

j. *Table VIII, Medical Corps Officers Assigned* : All assigned Medical Corps officers will be reported by their specialty as expressed in WD Technical Manual 12-406 as amended, showing the degree of proficiency within a specialty by use of the letter A, B, C, or D as applicable. The classification indicated should agree with that expressed on WD AGO Form N° 66-1, 66-3, or 178-2. When the classification of the officer is not known the information will be procured by corresponding with the next higher administrative headquarters or the Surgeon MTOUSA, APO 512.

XVI - REPORT OF NURSES.

A report on nurses (attached and assigned) will be submitted each month through technical channels to the Surgeon, M T O U S A. The report should be compiled under the supervision of the Chief Nurse and forwarded by the 5th of the succeeding month.

1. The following information will be included in the monthly report :

a. PERMANENT DUTY PERSONNEL

Female Personnel	Lt. Col.	Major	Captain	Ist Lt.	2nd Lt.	Civilian	TOTAL
ANC		1	4	32	68		105
PTA				2	1		3
HD				1	2		3
ARC						2	2
TOTAL		1	4	35	71	2	113

b. TEMPORARY DUTY OR DETACHED SERVICE PERSONNEL.

Female Personnel	Lt. Col.	Major	Captain	Ist Lt.	2nd Lt.	Civilian	TOTAL
ANC			1	3	5		9
PTA					1		1
HD				1			1
ARC						1	1
TOTAL			1	4	6	1	12

(1) Roster of Female Personnel (U. S. Army only) on temporary duty or detached service. NAME and RANK will be shown.

(a) TRANSFERS: INTO REPORTING UNIT.

NAME	RANK

(b) TRANFERS: Out of reporting unit.

NAME	RANK

(c) Illness: Complete for each individual ill during the month.

NAME	RANK	DATE ADMITTED	DATE DISCHARGED	DIAGNOSIS

1. Total Days Lost because of Illness: _____

(d) Assignment to duty.

	NUMBER OF NURSES	
	DAY DUTY	NIGHT DUTY

c. Hours of duty:

d. Recreation: Type of activities provided – include rest camps.

e. Training Program: Include a brief description of the program during the month.

f. Remarks: Include marriages during month and items not covered by this report.

g. A roster of personnel will *not* be sub mitted.

XVII - MEDICAL HISTORICAL DATA.

1. The medical developments fostered by the current conflict are of such importance as to have already exerted considerable influence on medical theory and practice with ever widen-

ing ramifications for the future. The Surgeon General, in recognition of the high place merited by these developments in the annals of medical progress desires that the history of Medical Department activities be carefully recorded and presented in such a manner as to be interesting, factual and complete. The Mediterranean Theater of Operations, as the spearhead of U. S. and Allied operations against the enemy in Europe, and with its varied campaign conditions and multiple problems, certainly warrants a prominent place in this history. The Office of the Theater Surgeon is now engaged upon such a project. However, the cooperation and enthusiastic support of all medical echelons and units are requisite if a complete, accurate account with a balanced perspective is to be forthcoming. This history is the account of the *entire* Medical Department. Units in the field constitute the embodiment of the Medical Service insofar as the actual work is concerned. In addition to the Annual Report (as required by AR 40-1005), all medical echelons and units are urged to submit data, when appropriate and available, which they consider of interest and value for the history of the Medical Department in this Theater. It should be kept in mind that this is a continuous process, and that all types of data are of value. What is considered just a minor incident would add color and knowledge to the historic writing. Such reports will be submitted in triplicate through technical channels to the Surgeon, MTOUSA.

2. The information should be in narrative form. It is well to keep in mind that *more* rather than *less* detail would be of greater value, and that there is no necessity for a stereotyped, formalized report. The data should be integrated with the existing tactical situation or the background to the problem, the measures taken and the results described. Photographs, sketches, maps, diagrams, statistics are most valuable and should accompany the data whenever possible.

The following is an outline of some of the more important subjects that may serve as a general guide.

a. Experiences of individuals and unit including unusual circumstances, problems encountered under different types of terrain, weather, and military conditions; distinctive achievements; handling of battle casualties; problems of evacuation. Operational maps, photographs, charts, etc. would be of value.

b. Improvisations of techniques, procedures and equipment.

c. Means used to conserve manpower, utilize replacements, co-belligerent service units, civilians.

d. Relations and liaison with other branches of the U. S. and Allied military forces.

e. Housing and construction problems and their solution.

f. The movement of units-problems, improvisations, unusual situations and incidents.

g. The hospitalization and evacuation of U. S., co-belligerent, allied, and enemy military and civilian personnel.

h. Cooperation and problems with allied and co-belligerent troops or units.

XVIII - PUBLICATION OF ARTICLES BY MEDICAL DEPARTEMENT PERSONNEL.

1. Reference is made to AR 40-1005, Section II, G. O. Nº. 2, 14 April 1941, Section I, War Department Circular 311, 14 September 1942, and War Department Circular Nº 337, 7 October 1942.

2. All articles prepared by officers and enlisted personnel of the Medical Department for publication will be submitted through technical channels to The Surgeon General's Office, accompanied by a letter requesting authority for publication or presentation. Each article will be accompanied by a separate letter. If an author so desires, The Surgeon General will forward an article directly to the editor for publication, provided the author specifies the journal and provided the article is approved. Arrangements for reprints must be made directly by the author with the publisher and at no expense to the Government.

3. The publication of results of clinical observations in the Army is encouraged. Accounts of military medical experience, especially in theaters of operation, are desired for inclusion in the Bulletin of the U. S. Army Medical Department. Owing to the shortage of paper, reviews which do not improve upon available publications and reports which deal with small numbers of cases of common conditions are discouraged.

4. Attention is directed to the following requirements for the submission of articles for approval:

a. Two copies of the article (one of which must be an original) and of all illustrations will

be submitted. The article will be typed with double spacing throughout and the pages numbered consecutively.

b. The author's military title, including grade and corps, will be given, but specific military assignments, academic degrees, and society memberships will not be included. Previous civilian positions may be indicated in a footnote ; e. g., « Professor of Medicine, Blank University, on leave of absence ». The author's military address will not be published. The names of superior officers who are not concerned in the authorship will not be mentioned.

c. Articles based, wholly or in part, on observation made at civilian institutions before the author entered active military service should be indicated as such by a footnote.

5. Authors will be guided by the following policies in the preparation of articles for publication :

a. Articles will not be approved if they contain material which is :

(1) Contrary to G.O. Nº. 82, 1919, or paragraph 8, AR 310-10.

(2) Not in accord with the facts or established principles of medical science.

(3) Contrary to the policies of the Surgeon General in regard to professional practices.

(4) Capable of being interpreted as representing, without authority, the official policy of the Army.

(5) Harmfully critical of an agency of the United States or its allies.

(6) Malicious, trivial, or in conflict with the rules of medical ethics.

b. The language should conform to a good standard of English, especially as to clarity and conciseness.

c. Neither adverse criticism nor praise of individuals in the service is considered proper.

d. Identification of patients by means of names, initials, Army serial numbers, or hospital numbers will be avoided.

e. Army abbreviations not in common use in civil life should not be used ; e.g., « C.D.D. » Terms which have special meanings in military use should be explained ; e.g., « disposition » and « classification ».

f. Conclusions should be based upon the data presented in the article.

g. Tables, charts, and illustrations, should be numbered separately on separate pages and supplied with adequate headings and legends.

h. Specific references should be made to pertinent previous studies. References not used in the preparation of the text or not read by the author will not be included. If an original reference has not been read by the author but is obtained from another source, it will be so indicated and the source quoted. The reference will include the author's name, the title of the article, and the volume, page, and date of the publication ; in the case of books, the publisher and place of publication should be added. The bibliography will be arranged in alphabetical or chronological order or in the order in which references occur in the text.

6. Articles will not be published unless approved by the Office of The Surgeon General and by the Bureau of Public Relations, War Department, Washington, D. C. When publication or presentation is authorized, a letter will be sent to the senior author, but no reference to such authorization will be published. If an article is not approved, it will be returned through channels to the senior author. If approval is withheld for needed revision, this will be indicated. Following revision, the article should be resubmitted.

XIX - CORRESPONDENCE ON TECHNICAL MATTERS

1. It has been noted on a number of occasions recently that direct correspondence on technical matters has been had with agencies of the War Department without reference to this office. It is desired that this practice be discontinued and that all such correspondence be submitted through technical channels.

XX - NUMBERED GENERAL HOSPITALS

1. In order to obviate statistical confusion arising in the War Office (Br) and the War Department (US) from the system of hospital designation by number, all US general hospitals will be referred to in all correspondence, reports, returns, etc., as ——— General Hospital (US).

XXI - STANDARD TERM FOR DIAGNOSIS.

6581 – PHYSICALLY INADEQUATE : This term with qualifying clauses as indicated will be used as a diagnosis for individuals, who

because of physical defects and age are found unsuitable for full duty but capable of limited duty. Neuropsychiatric terms will not be used for this purpose unless supported by unmistakable psychiatric findings. When reason for reclassifying individuals are primarily a generalized physical condition without sufficient findings in any one system or organ to support a specific diagnosis as the cause for reclassification but are sufficient in the total findings to warrant such action Medical Disposition Boards will use the diagnosis Physically inadequate, qualified by a statement defining the defect such as « Lack of stamina because of age » to classify such individuals « *Limited Assignment* ».

XXII - CIRCULAR LETTERS, OFFICE OF THE SURGEON GENERAL.

Circular Letters, Office of the Surgeon General, are not operative in this Theater. Information and directives contained therein, that are of general interest, will be incorporated in Circular Letters, Office of the Surgeon, MTOUSA.

XXIII - PAYMENT OF VOUCHERS FOR DONATION OF BLOOD FOR TRANSFUSION.

1. In order that persons furnishing blood for transfusions may be paid promptly, payment will be made locally in the amount of 10.00 dollars for each transfusion. Vouchers (MD Forms 25 and 25a) covering cost of transfusions will hereafter be submitted to local finance officers for payment. Charge for such local payment is to be made to appropriation M and HDA 1942-45 61-21 P413-07 212/50805, which is an open allotment.

2. After the voucher is signed by the medical officer giving the transfusion, the signature of approval by the commanding officer of the hospital or medical installation where donation is made should be considered as approval of the chief surgeon of the forces as called for in paragraph 4, AR 40-1715, and will be sufficient authority for payment. At the close of each month, a copy of each voucher upon which local payment is authorized will be submitted by the commanding officer of the hospital or medical installation to the Surgeon, this headquarters, through the surgeon of the army or base section concerned.

XXIV - INFORMATION WITH RESPECT TO DIAGNOSIS, ETC., MEMBERS OF THE ALLIED ARMIES.

Information concerning the diagnosis, treatment, line of duty, and allied matters will not be furnished to members of the Allied Armies treated in U. S. Army hospitals. This information is considered confidential and privileged, and only certain *bona fide* inquiries should be answered.

XXV - MICROFILM SERVICE.

1. The Army Medical Library has made available a service for reproduction of professional literature on 35 mm microfilm as announced in March 1944 Bulletin of U. S. Army Medical Department.

2. Requests for microfilmed material must include the complete reference, that is: title, author, date, volume and pages.

3. Legitimate requests for bibliography will be filled by the Army Medical Library as part of same service. Requests for bibliography should clearly define subject and years to be covered.

4. Requests for microfilm service should be addressed to :

The Photo-duplication Service, Army Medical Library, 7th and Independence Avenue, S. W., Washington 25, D.C.

5. The Surgeon General has under consideration a plan to procure microfilm projectors for hospitals. In addition, hand type viewers are available from the Army Medical Library at a cost of 3.75 dollars.

XXVI - TRANSFER OF X-RAY FILM.

1. X-ray films are considered a part of the original clinical record of a hospitalized individual and are to accompany the individual upon his transfer, as a patient, from one Army hospital to another. If the individual is returned to duty, the x-ray films will be incorporated in the files of the last hospital in which he was a patient.

2. In cases where, for some unavoidable reason, x-ray films fail to be forwarded with other clinical records of patients evacuated to ZI, they will be forwarded as follows :

a. Officers : The Adjutant General, U. S. Army, Washington 25, D.C.
(Attention : Officers' Branch).

b. Enlisted Men: The Adjutant General, U. S. Army, Washington 25, D.C.
(Attention : Military Information Section, Enlisted Branch)

c. Prisoners of War : The Provost Marshal General, U. S. Army, Washington 25, D.C.
(Attention : Prisoner of War Division)

XXVII - HOSPITAL FUNDS.

1. Hospital commanders will receive, disburse and account for all moneys accruing to the hospital fund in conformity with the provisions of AR 210-50 dated 1 June 1944 as amended.

2. The hospital fund statement (WD MD Form 49) will be prepared by the custodian of the fund monthly as of the last day of the preceding month. The original and one copy will be forwarded to the Surgeon MTOUSA through technical channels. The retained duplicate copy will constitute the council book, and the proceedings of the council will be recorded thereon.

3. Hospital funds will be utilized to the fullest extent possible in providing for the procurement of facilities, equipment, or services which contribute to the comfort, pleasure, contentment, and mental and physical improvement of patients in the hospital.

4. Moneys received from a theater fund will be used to extend activities for patient welfare over and above such welfare work now being carried on by means of hospital fund moneys received from Central Hospital fund, SGO. It is expected that normal demands will continue to be made on the central hospital fund to support future patient welfare projects as in the past. The theater source of financial support of welfare projects will be used for items not ordinarily provided or required in greater amount than presently authorized.

5. In order to protect the hospital fund from adverse criticism and to maintain its integrity as an important adjunct to the operation of hospitals, the basic object of the fund will be carefully observed. The general recommendations of the hospital fund council and the approval of the commanding officer will guide the custodian in complying strictly with the letter and spirit of the regulations governing this fund.

6. A subsistence account will *not* be maintained as part of the hospital fund. Moneys received for subsistence from officers of the U. S. Navy, Marine Corps, Coast Guard, Public Health Service and civilians in the hospital will be collected by the mess officer who will turn it in to the sales officer in accordance with Section IV, Circular N° 116, Hq. NATOUSA, 18 September 1944, or changes thereto.

7. Durable property, which has been lost, damaged or destroyed through fair wear and tear, will be dropped on the Returns of Durable Property at the end of the month during which disposition occurred and such disposal will be supported by appropriate certificate, approved by the hospital council.

8. The net working capital of the hospital fund as of the last day of each month will be limited to three 3.00 dollars per authorized bed.

XXVIII - REPORTS OF INVESTIGATION (WD AGO Form 51).

Requests by Hospital Commanders to Unit Commanders for Reports of Investigation will be made *only* if in the opinion of the surgeon the injury may prove to be a basis for a claim against the government for partial or complete permanent physical disability ; and *only* if the injury was incurred while on furlough, pass, or leave, or was a result of misconduct or gross negligence the character of which leaves the line of duty status in doubt. Reports of Investigation will *not* be requested to determine line of duty status of injuries not involving a degree of permanent physical disability. All requests will strictly adhere to C 5, AR 345-415 dated 22 May 1944.

XXIX - HOSPITALIZATION AND EVACUATION REPORT (MD Form 86f revised).

1. Army and Air Force Service Command/ MTO Surgeons will render a daily consolidated Hospitalization and Evacuation Report, as of midnight, to the Surgeon, MTOUSA (See attached sample form).

2. Surgeons of Base Sections will render a daily consolidated Hospitalization and Evacuation Report, as of midnight, to the Surgeon MTOUSA (see attached sample form).

XXX - HOSPITAL DISPOSITION BOARDS

1. GENERAL. During the past year, approximately seven per cent of all patients admitted to hospitals in this theater have been

evacuated to the United States upon recommendations of medical disposition boards. This percentage may not appear to be large, but the aggregate number evacuated substantially exceeds the total personnel of two infantry divisions. The loss of this number of trained personnel and the problems of replacing them affects the efficiency of every unit in this theater.

2. COMPOSITION.

a. Hospital disposition boards are formed under the provisions of par 7, AR 40-590. The board will consist of a minimum of three officers, Medical Corps, at least one of whom is of field grade, and will include the chiefs of the medical and surgical services respectively. A psychiatrist will be a member of the board in all cases where the patient gives indication of a mental condition. In addition, a company grade medical officer may be appointed at the discretion of the hospital command to serve as recorder of the board. It is considered beneficial to have on the board at least one member with field service in this theater.

b. Members of a disposition board will not ordinarily present a patient for disposition.

3. FUNCTIONS.

a. It is the duty of hospital disposition boards to make recommendations as to the disposition of patients brought before them. The disposition recommended must conform to policies set forth in the following MTOUSA directives :

(1) In the case of enlisted personnel :

(a) MTOUSA Circulars, Par. c., Sec. II, N°. 82, dated 15 June 1944 and Par. 2, Sec. III, N°. 88, dated 7 July 1944.

(2) In the case of officers :

(a) Par. 6, MTOUSA Circular N°. 139 dated 21 November 1944.

b. Members of hospital disposition boards will familiarize themselves with the rules of procedure governing such boards and pertinent regulations and publications. References are :

(1) Article of War 107.

(2) Army Regulations 35-1440, 40-105, 40-590, 40-600, 40-1025, 345-415, 420-5, 605-230, 615-360, 615-361, 615-368 and 615-369.

(3) War Department Circulars 164, 316, 403 and 447, 1944.

(4) Mobilization Regulations 1-9 and current changes thereto.

(5) MTOUSA Circulars 67 ; 82 ; Sec. III, 88 ; 112 ; 113 and 139, 1944.

4. GENERAL CONDUCT OF DISPOSITION BOARDS.

a. The major responsability of hospital disposition boards is to return to duty every possible officer and enlisted man. Furthermore, the board is to recommend retention of every man within the theater who is believed capable of performing useful duty. In order to make proper decisions, board members must familiarize themselves with the problems and capabilities of personnel centers.

b. Recommendations as to disposition will not be discussed, at any time, within the hearing of patients, nor announced to a patient until such time as the findings of the board are approved by the hospital commander. Previous conditioning of patients to the possibilities of «other than general duty» assignment or evacuation to the Zone of the Interior, caused by indiscriminate discussion, increase the difficulties for proper recommendations by the disposition boards. Strict adherence to this policy by all members of hospital staffs will markedly influence an increase in the number of patients returning to general duty. No patient returning to the Zone of the Interior will be told that discharge is probable, or even contemplated in his case.

c. (1) Whenever it is apparent that evacuation to the Zone of the interior is evident the patient will be brought before a disposition board with the least possible delay.

(2) The length of time between admission to the hospital, completion of the board Procedure and eventual evacution to the Zone of the Interior will be held to a minimum in order to free as may hospital beds as possible.

d. Hospital disposition boards will not review the status of members of their own unit. Such personnel should appear before a disposition board of another hospital whenever there is a possibility that they may be evacuated to the Zone of the Interior.

e. American Red Cross personnel whose physical or mental condition precludes assignment to duty in this theater commensurate with their classification will be evacuated to the United States through medical channels; provided that such personnel have been recommended for evacuation to the Zone of the Interior by a disposition board at a General Hospital or disposition boards acting as such,

as designated in Par. 4 a, Circular N°. 139, Hq. MTOUSA.

5. REBOARDING.

a. The findings of General Hospital Disposition Boards designating patients as Class « C » will be considered final by disposition boards of other hospitals to which the patient may subsequently be transferred, except when patently obvious that a mistake or gross error in judgement has been made by the disposition board of the transferring hospital. In such cases the facts will be submitted to the Surgeon, MTOUSA for decision as to whether the patient should be reboarded.

6. CONDUCT AND REPORTS OF PROCEEDINGS.

a. The conduct of hospital disposition boards will conform in general with the provisions of Section I, AR 420-5.

b. Reports of proceedings will conform with the sample form attached. True copies of reports will be distributed as follows :

(1) Original to form a part of the patient's medical record.

(2) One carbon copy to be filed at the hospital boarding the patient.

(3) One carbon to be forwarded through technical channels to the Surgeon, MTOUSA, APO 512.

c. Upon transfer of boarded patients the report of proceedings and other records required will be forwarded in a sealed envelope.

DIAGNOSTIC TERMS

CAUSE OF ADMISSION.

GENERAL. The standard terms for diagnoses listed herein will be used as a guide in preparing records of sick and wounded. It is not intended that they should be rigidly adhered to ; any terms well established in medical usage may be employed with exception that the use of eponyms other than those herein contained is not sanctioned. As far as practicable the terminology listed will be followed. When diseases or injuries occur for which no terms are furnished herein, or for which the terms given are general in character, they will be recorded with such scientific terms commonly applied to them by the profession as will briefly and accurately describe them. When new terms are inserted in the list, they will be placed in their proper alphabetical order and assigned numbers within the limits of the numerical code now present. Thus, if the terms hyperthyroidism and hypothyroidism were inserted, the former should follow hypernephroma, 3870, and be given the number 3871, the latter should follow hypospadia, 3920, and he given the number 3921.

a. Give the name of the disease and its location if it is localized, or in case of injury, its cause, location, character, and severity, with the attending circumstances, date and place of occurrence, and nature of missile, weapon, or other producing agent. All diseases or injuries present at the time of admission will be recorded in this space. Should the original disability or disabilities be cured before the final disposition of the patient, the fact and date of such cure will also be stated in this space.

b. *Primary cause of admission.* In entering the cause of admission the actual condition necessitating or indicating the expediency of treatment will be regarded as the primary cause of admission, and will be entered first. Other conditions present will be entered in the order of their importance with reference to the primary cause of admission. When patients are admitted electively for the treatment of a condition, congenital or acquired, the condition itself and not the treatment to be given will be recorded as the primary cause of admission, for example, « hammer toe » will be recorded rather than « for operation for the cure of hammer toe », « syphilis » rather than « for intravenous administration of neoarsphenamine for the treatment of syphilis ». The treatment undertaken in such cases if it is such as to require a record thereof will not be entered in this space but in space 17.

c. *Diagnostic terms.* Diseases and injuries will be recorded on the register in terms accepted in general by the medical profession, except that use will not be made of proper names other than those listed. The International List of the Causes of Death and the Manual of Joint Causes of Death, publications of the Bureau of the Census, are used by The Surgeon General's Office as guides for classification of conditions reported.

d. *Special requirement for diagnosis.* The following requirements will be observed :

(1) Pathological lesions will be recorded rather than their symptoms. Use of the expression « cause undetermined » will be confined to those cases in which there is definite possibility that the cause of the pathological condition could be ascertained by the methods of examination in accepted usage and to denote that such methods have not been exhausted or

that they have yielded negative results. When the condition necessitating admission is so ill-defined as to permit of no definite diagnosis the case will be recorded as «No disease, ill defined condition of the ———system, manifested by——», inserting the body system (International List) which seems to be affected and the important manifestations. When the patient is admitted for administrative reason and no disease found, the case will be recorded as « No disease, administrative admission, for determination of ———», inserting sanity, physical fitness, or other purpose. Admission as a procedure for the control of communicable disease will, when no disease supervenes, be recorded as, for example, « No disease, administrative admission, meningitis contact ».

(2) In all cases in which the cause of admission is a local manifestation of a general affection, the character and location of the one and the nature of the other will be stated.

(3) The organ or part affected will be specified when the name of the morbid condition fails to indicate it, as in paralysis, aneurism, ulcer, or herpes ; also in inflammations, as adenitis, osteitis, arthritis, or synovitis ; and in local injuries, as abrasions, burns, contusions, or dislocations.

(4) Inflammations will be reported as acute or chronic. The grade of the inflammatory condition of mucous membranes will be stated when such is important.

(5) In pulmonary affections the lobe or lobes involved will be designated ; also, in the case of diseases that are not always bilateral, whether the disease is confined to the right or left or extends to both lungs.

(6) Deviations from the normal in cases of impairment of vision or hearing when they are causes of admission or directly affect admission will be ascertained and noted.

(7) In a case of injury the pathological condition, location, severity, place, and date of occurrence will be recorded, the nature of the missile, weapon, or other causative agent shown, and the course of events directly reponsible for the accident clearly stated. If it was accidental, that fact will appear. If it was intentional, the record will show whether it was judicial, homicidal, suicidal, selfinflicted, or otherwise, as the case may be ; except that wounds inflicted in action by the enemy need not be so qualified. In gunshot wounds the points of entrance and exit of the missile or missiles and any important parts involved in the track of the wound will be recorded, if they can be determined If recorders will bear in mind the « how when, and where incurred » details to be forwarded in the case of injuries, frequent errors of omission will be avoided.

(8) Fractures will be designated as simple, comminuted, compound, or complicated, the character of the complications being stated.

(9) The exact location, variety, and degree (complete or incomplete) of hernia will be given.

(10) Disease due to venereal contagion, alcohol, narcotics, or to immoral practices will be so recorded.

(11) Distinction will be made between inflammations of venereal origin and those of nonvenereal origin in cases where there is involvement of the genital organs or the inguinal lymph nodes, specifying the nature of the venereal cause and the causation in nonvenereal cases or stating that the cause is nonvenereal.

(12) The terms « venereal warts » and « venereal bubos » will not be used. The correct diagnosis will be stated with the specific cause of the lesion.

(13) When a patient who has been returned to duty or who has been « carded for record only » is subsequently readmitted to the same or any other hospital for treatment of the same disease, the current diagnosis should be recorded and the fact that the case is a readmission indicated in parentheses by stating it to be « Old » and giving the name of the original station where the case was registered and the date of the original registration ; as for example, Syphilis, cerebrospinal, manifested by——— (« Old », Fort———————). If a patient is readmitted to the same hospital where the case was originally treated for the condition, the full description of the original disease or injury will be repeated upon readmission, including the original date, place, cause, and attending circumstances, followed by the reference « See register N°. ———» If the readmission is to a hospital where the case was not originally treated, such similar information as can be obtained that is considered reliable will be entered, stating in each case the source of the information. A statement showing the condition at the date of current admission will be added. The transfer of a case from one hospital to another is only an incident in the treatment of it, and does not constitute a readmission.

(Name and date)

(14) In all cases of poisoning the name of the poison will be given.

(15) Whenever possible, in all cases of pneumonia the causative organism will be stated. In all cases of pneumococcic pneumonia the type of the pneumococcus present will be recorded..

(16) In every case of typhoid fever the dates of all antityphoid vaccinations and the method of confirming the diagnosis will be stated.

(17) Special notes will be made of malingering, or feigned diseases, and of the means employed for their detection.

(18) Births will be recorded as such, giving the name, age, and grade of the father and the name and age of the mother ; the mother's maiden name will be placed in parentheses following her married name. Important abnormalities of the child will be noted.

(19) (a) 1. When the diagnosis of a case under treatment in a ward is changed, or complications or sequelae develop, report thereof will be made to the registrar upon a register card or other prescribed means of notification, marking it « Change of diagnosis », and forwarding it with the next morning report of the ward.

2. When the diagnosis of a case under treatment in quarters is changed, or complications or sequelae develop, a report thereof upon a card or other prescribed means of notification similarly marked will be forwarded within 24 hours to the office by the medical officer attending the case.

(b) The change of diagnosis report will be signed or initialed by the ward officer or by the medical officer in attendance on the case and be filed with the register card of the case to which it relates as the voucher for the correction of the register card.

0010 Abdominal scar.
0020 Abscess, alveolar.
0030 Abscess, periapical.
0040 Abscess, perinephritic.
0050 Abscess, periproctic.
0060 Abscess, peritonsillar.
0070 Abscess, perivesical.
0080 Abscess, retrocecal.
0090 Abscess, retropharyngeal.
0100 Abscess, subphrenic.
0110 Abscess.
0120 Acanthosis nigricans.
0130 Achylia, gastrica.
0140 Acne keratosa.
0150 Acne rosacea.
0160 Acne varioliformis.
0170 Acne vulgaris.
0180 Acromegaly.
0190 Actinomycosis.
0200 Addison's disease.
0210 Adenoids.
0220 Adenoma.
0230 Adenoma sebaceum.
0240 Adenoma sudoriparum.
0250 Adhesions.
0260 Adiposis dolorosa.
0270 Aerogenes capsulatus infection.
0280 Aerophagy.
0290 Albinism.
0300 Albuminuria.
0310 Alcoholism, acute.
0320 Alcoholism, chronic.
0330 Alopecia.
0340 Alopecia areata.
0350 Amaurosis.
0360 Amblyopia (unqualified).
0370 Amblyopia, exanopsia.
0380 Amblyopia, hysterical.
0390 Amblyopia, nocturnal.
0400 Amblyopia, toxic.
0410 Anaemia, pernicious.
0420 Anaemia, simple.
0430 Anaemia, splenic.
0440 Aneurism, arteriovenous.
0450 Aneurism, cirsoid.
0460 Aneurism of heart.
0470 Aneurism.
0480 Aneurism, varicose.
0490 Aneurismal varix.
0500 Angina pectoris.
0510 Angiokeratoma.
0520 Angioma.
0530 Angioma cavernosum.
0540 Angioma serpiginosum.
0550 Angioneurotic edema.
0560 Anhidrosis.
0570 Ankyloblepharon.
0580 Ankylosis, bony.
0590 Ankylosis, fibrous.
0600 Ankylostomiasis.
0610 Anorchism.
0620 Anthrax, general infection.
0630 Anthrax, malignant pustule.
0640 Anthracosis
0650 Anuria calculous.
0660 Aorta, rupture of.
0670 Aortic arch, dilatation of.
0680 Aortitis.
0690 Aphonia.
0700 Aphasia.
0710 Apoplexy.
0720 Appendicitis.
0730 Arterial hypertension.
0740 Arteriosclerosis.
0750 Arthritis.
0760 Ascariasis.
0770 Asthenopia.
0780 Asthma.
0790 Astigmatism.
0800 Ataxia, hereditary.
0810 Athetosis.
0820 Atony of.
0830 Atresia of urethra.
0840 Atrophia maculata et striata.
0850 Atrophoderma diffusum.
0860 Atrophy of.
0870 Atrophy of muscle, lower extremity.
0880 Atrophy of muscle, upper extremity.
0890 Atrophy of nail.
0900 Atrophy, progressive, muscular.
0910 Atrophy, senile.
0920 Aviator's disease or sickness.
0930 Balanitis.

0940 Beriberi.
0950 Blastomycosis.
0960 Blepharitis.
0970 Blepharospasm.
0980 Bradycardia.
0990 Brain, abscess of.
1000 Brain, tumor of.
1010 Bromidrosis.
1020 Bronchiectasis.
1030 Bronchitis.
1040 Bursitis.
1050 Caisson disease.
1060 Calcification of cartilage.
1070 Calculus.
1080 Callosity.
1090 Carbuncle.
1100 Carcinoma.
1110 Cardiac arrhythmia, auricular fibrillation.
1120 Cardiac arrhythmia, auricular flutter.
1130 Cardiac arrhythmia, extra systole.
1140 Cardiac arrhythmia, others.
1150 Cardiac arrhythmia, sinus, arrhythmia.
1160 Cardiac dilatation.
1170 Cardiac disorder, functional.
1180 Cardiac hypertrophy.
Cardiac murmurs, not organic :
1190 Accidental pulmonic systolic.
1200 Cardio-functional apex systolic.
1210 Cardio-respiratory.
1220 Other accidental.
1230 Cardiac palpitation.
1240 Carrier, diphtheria bacillus.
1250 Carrier, typhoid bacillus.
1260 Carrier, meningococcus.
1270 Carrier.
1280 Cataract.
1290 Cellulitis.
1300 Cercomoniasis.
1310 Chalazion.
1320 Chancroid.
1330 Chancroidal lymphadenitis.
1340 Chancroidal lymphangitis.
1350 Chancroidal paraphimosis.
1360 Chancroidal phimosis.
1370 Chelitis glandularis.
1380 Chickenpox.
1390 Chilblain (Pernio, 6520).
1400 Chloroma.
1410 Cholangitis.
1420 Cholelithiasis.
1430 Cholecystitis.
1440 Cholera, Asiatic.
1450 Chondroma.
1460 Chorea.
1470 Choroid, detachment of.
1480 Choroid, rupture of.
1490 Chroidal tumor.
1500 Choroiditis.
1510 Choroiditis, suppurative.
1520 Choroiditis, tubercular.
1530 Chromidrosis.
1540 Cicatrices of, painful.
1550 Cicatricial contracture.
1560 Cicatricial deformity.
1570 Clavus (corn).
1580 Cleft palate.
1590 Colitis.
1600 Color blindness.
1610 Colon, dilation of.
1620 Comedo (blackheads).
1630 Condyloma acuminatum (warts, external genital organs).
1640 Conjunctiva, hyperemia of.
1650 Conjunctivitis, catarrhal.
1660 Conjunctivitis, chemical.
1670 Conjunctivitis, follicular.
1680 Conjunctivitis, granular (trachoma).
1690 Conjunctivitis, phlyctenular.
1700 Conjunctivitis, purulent.
1710 Conjunctivitis, vernal.
1720 Constipation, atonic.
1730 Constipation, cause not determined, or when secondary diagnosis.
1740 Constipation, spastic.
Constitutional psychopathic states :
1750 Criminalism.
1760 Emotional instability.
1770 Inadequate personality.
1780 Paranoid personality.
1790 Pathological liar.
1800 Sexual psychopathy.
1810 Unqualified.
1820 Contraction of plantar fascia.
1830 Contracture of joint.
1840 Contracture of (muscle, fascia, tendon, or sheath).
1850 Cornea, conical.
1860 Cornea, opacity of.
1870 Cornea, ulcer of.
1880 Cornu (cutaneous horns).
1890 Cowperitis.
1900 Coxa valga.
1910 Coxa vara.
1920 Cretinism.
1930 Cryptorchidism.
1940 Cyclitis.
1950 Cyst.
1960 Cyst, retention.
1970 Cyst, sebaceous.
1980 Cystadenoma.
1990 Cystic kidney.
2000 Cysticercosis.
2010 Cystitis.
2020 Cystocele.
2030 Cystoma.
2040 Dacryoadenitis.
2050 Dacryocystitis.
2060 Defective hearing.
2070 Defective or deficient teeth.
2080 Defective physical development.
2090 Defective vision.
2100 Deficient chest measurement.
2110 Deformity of.
2120 Deformity of foot.
2130 Deformity of hand.
2140 Deformity of chest.
2150 Deformity of head.
2160 Deformity of lower extremity.
2170 Deformity of upper extremity.
2180 Deformity of trunk.
Dementia praecox :
2190 Hebephrenic type.
2200 Katatonic type.
2210 Paranoid type.
2220 Simple.
2230 Unqualified.
2240 Dengue.
2250 Dental caries.
2260 Depressed fracture of skull.
2270 Dermatitis bullosa.
2280 Dermatitis exfoliativa.
2290 Dermatitis factitia.
2300 Dermatitis gangrenosa.
2310 Dermatitis herpetiformis.
2320 Dermatitis medicamentosa.
2330 Dermatitis.

2340 Dermoid cyst.
2350 Diabetes insipidus.
2360 Diabetes mellitus.
2370 Diarrhoea.
2380 Diarrhoea, fermentative.
2390 Diarrhoea, flagellate.
2400 Diarrhoea, nervous.
2410 Diphtheria.
2420 Diphtheritic paralysis.
2430 Diverticulitis.
2440 Drug addict.
2450 Duodenum, ulcer of.
2460 Dupuytren's contraction of palmar fascia.
2470 Dysentery, bacillary (specify type).
2480 Dysentery, balantidic.
2490 Dysentery, entamoebic.
2500 Dysentery (other protozoal).
2510 Dysentery, unclassified.
2520 Dysidrosis.
2530 Dystrophia unguis.
2540 Echinococcus.
2550 Ecthyma.
2560 Ectopy.
2570 Ectropion.
2580 Eczema, seborrhoeicum.
2590 Embolism.
2600 Embolism, fat.
2610 Emphysema.
2620 Emphysema of orbit.
2630 Encephalitis.
2640 Encephalitis lethargic.
2650 Enchondroma.
2660 Endocarditis, acute.
2670 Endocarditis, chronic.
2680 Endocarditis, septic.
2690 Endothelioma.
2700 Enteritis.
2710 Enteritis, membranacea.
2720 Enterocolitis.
2730 Entropion.
2740 Enuresis, nocturnal.
2750 Epididymitis.
2760 Epididymo-orchitis.
2770 Epiglottis.
2780 Epilepsy.
2790 Epilepsy, Jacksonian.
2800 Epiphora.
2810 Epistaxis.
2820 Epithelioma.
2830 Epithelioma multiplex benignum.
2840 Epulis.
2850 Erysipelas.
2860 Erysipeloid.
2870 Erythema induratum.
2880 Erythema multiforme.
2890 Erythema nodosum.
2900 Erythema scarlatiniforme.
2910 Erythema toxicum.
2920 Erythrasma.
2930 Esophagus, spasm of.
2940 Esophagus, stricture of.
2950 Exophthalmos.
2960 Exostosis.
2970 Eyeball, rupture of.
2980 Eyeball, enucleation of.
2990 Eye strain.
3000 Febricula.
3010 Fibroma.
3020 Filariasis.
3030 Fissure, anal.
3040 Fistula in ano.
3050 Fistula, biliary.
3060 Fistula, fecal.
3070 Fistula, rectovesical.
3080 Fistula, rectoureteral.
3090 Fistula, of thoracic duct.
3100 Fistula, thoracico-intestinal.
3110 Fistula, thoracico-gastric.
3120 Fistula, urinary.
3130 Fistula.
3140 Floating cartilage.
3150 Focal infection from (specify).
3160 Folliculitis.
3170 Folliculitis decalvans.
3180 Foot and mouth disease.
3190 Frambesia.
3200 Funiculitis.
3210 Furuncle.
3220 Furunculosis.
3230 Ganglion.
3240 Gangrene.
3250 Gastritis.
3260 Gastro-enteroptosis.
3270 Gastroptosis.
3280 Gastro-succorrhea (hypersecretion) continuous
3290 Gastro-succorrhea (hypersecretion) intermittent.
3300 Genu recurvatum.
3310 Genu valgum.
3320 Genu varum.
3330 German measles.
3340 Gigantism.
3350 Gingivitis.
3360 Glanders.
3370 Glaucoma.
3380 Glaucoma, secondary.
3390 Glioma.
3400 Glossitis.
3410 Glycosuria.
3420 Goiter, exophthalmic.
3430 Goiter, simple.
3440 Gonorrhoea.
3450 Gonorrheal stricture of urethra.
3460 Gout.
3470 Grain itch.
3480 Granuloma coccidioidal.
3490 Granuloma fungoides.
3500 Grayness of hair.
3510 Hallux valgus.
3520 Hallux varus.
3530 Hammer toe.
3540 Harelip.
3550 Hayfever.
3560 Heart block.
3570 Heart, rupture of (nontraumatic).
3580 Hematemesis.
3590 Hematura.
3600 Hemianopsia.
3610 Hemiplegia.
3620 Hemoglobinuria.
3630 Hemoglobinuric fever.
3640 Hemopericardium.
3650 Hemophilia.
3660 Hemoptysis.
3670 Hemorrhoids.
3680 Hemothorax.
3690 Hermaphroditism.
3700 Hernia.
3710 Hernia cerebri.
3720 Hernia of muscle.
3730 Hernia, strangulated.
3740 Herpes simplex.
3750 Herpes zoster.
3760 Herpes zoster ophthalmos.
3770 Hodgkin's disease.
3780 Hordeolum.

3790 Hydroa vacciniforme.
3800 Hydrocele.
3810 Hydrocephalus, acquired.
3820 Hydrocystoma.
3830 Hydronephrosis.
3840 Hyperchlorhydria.
3850 Hyperhidrosis.
3860 Hypermetropia.
3870 Hypernephroma.
3880 Hypertrophy of.
3890 Hyphemia.
3900 Hypochlorhydria.
3910 Hypopyon.
3920 Hypospadia.
3930 Hysteria.
3940 Hysterical-Joint.
3950 Ichthyosis.
3960 Impacted cerumen.
3970 Impacted molar.
3980 Impetigo contagiosa.
3990 Impetigo herpetiformis.
4000 Impotence.
4010 Infarction.
4020 Influenza.
4030 Ingrowing nail.
4040 Inguinal rings, enlargement of.
4050 Insomnia.
4060 Intertrigo.
4070 Intestinal indigestion.
Intestinal obstruction :
4080 Unqualified.
4090 From internal causes, i. e., structure (ulcerations), gallstones, enteroliths, foreign bodies, fecal masses.
4100 From external causes, i. e., angulations, kinks adhesions, volvulus, intussusception.
4110 From spastic or paralytic causes (after injuries, operations, appendicitis, peritonitis).
4120 Iridocyclitis.
4130 Iritis.
4140 Jaundice, spirochetal, hemorrhagic.
4150 Jejunum, ulcer of.
4160 Keloid.
4170 Keratitis, herpetic.
4180 Keratitis, interstitial.
4190 Keratitis, neuropathic.
4200 Keratitis, nonulcerative.
4210 Keratitis, phlyctenular.
4220 Keratitis, ulcerative.
4230 Keratitis, unclassified.
4240 Keratoderma.
4250 Kerato-iritis.
4260 Keratomalacia.
4270 Keratosis follicularis.
4280 Keratosis palmaris et plantaris.
4290 Keratosis pilaris.
4300 Keratosis senilis.
4310 Lacrimal obstruction.
4320 Lambliasis.
4330 Laryngitis.
4340 Laryngitis, phlegmonous, acute.
4350 Larynx, edema of.
4360 Leishmaniasis.
4370 Leishmaniasis, furunculus orientalis.
4380 Leprosy.
4390 Leptomeningitis.
4400 Leucoma.
4410 Leucoma adherens.
4420 Leukonychia.
4430 Leukoplakia.
4440 Leukemia, lymphocytic.
4450 Leukemia, myelocytic.
4460 Lichen planus.
4470 Lichen ruber.
4480 Lichen scrofulosus.
4490 Lichen simplex.
4500 Lingual tonsil, hypertrophy of.
4510 Lipoma.
4520 Liver, active hyperemia of.
4530 Liver, acute yellow atrophy of.
4540 Liver, atrophic cirrhosis of.
4550 Liver, biliary cirrhosis of.
4560 Liver, hypertrophic cirrhosis of.
4570 Liver, passive hyperemia of.
4580 Loose bodies in joint.
4590 Ludwig's angina.
4600 Lumbago.
4610 Lungs, abscess of.
4620 Lungs, gangrene of.
4630 Lungs, infarction of.
4640 Lupus erythematosus.
4650 Lupus vulgaris.
4660 Lymphadenitis.
4670 Lymphadenoma.
4680 Lymphangiectasis.
4690 Lymphangioma.
4700 Lymphangioma circumscriptum.
4710 Lymphangitis.
4720 Lymphosarcoma.
4730 Malarial fever, estivo-autumnal.
4740 Malarial fever, mixed.
4750 Malarial fever, quartan.
4760 Malarial fever, tertian.
4770 Malarial fever, unclassified.
4780 Miliary fever.
4790 Malingering.
4800 Malignant edema.
4810 Mallet finger.
4820 Malnutrition.
4830 Malta fever.
4840 Masochism.
4850 Mastoiditis.
4860 Measles.
4870 Melancholia involutional.
4880 Melanoderma.
4890 Melanoma.
4900 Melanosarcoma.
4910 Meniere's disease.
4920 Meningitis, cerebrospinal (epidemic).
Mental deficiency :
4930 Borderline condition.
4940 Imbecille.
4950 Moron.
4960 Unclassified.
4970 Metatarsalgia.
4980 Migraine.
4990 Milium.
5000 Molluscum, contagiosum.
5010 Monoplegia.
5020 Monorchidism.
5030 Morphoea.
5040 Mouth, ulcer of.
5050 Mumps.
5060 Mutism.
5070 Myalgia.
5080 Mycoses, others.
5090 Myelitis.
5100 Myeloma, multiple.
5110 Myocardial insufficiency.
5120 Myocarditis.
5130 Myoma.
5140 Myopia.
5150 Myositis.
5160 Myositis, progressive ossifying.
5170 Myotonia congenita.
5180 Myxedema.

5190 Myxoma.
5200 Naevus fibrosus.
5210 Naevus linearis.
5220 Naevus papillaris.
5230 Naevus pigmentosus.
5240 Naevus pilosus.
5250 Naevus vascularis.
5260 Nasal septum, deviation of.
5270 Nasopharyngitis, catarrhal.
5280 Necrosis.
5290 Nematodiosis.
Nephritis :
5300 Acute.
5310 Chronic interstitial.
5320 Chronic parenchymatous.
5330 Disseminated, suppurative.
5340 Suppurative.
5350 Nephrogenic mesothelioma.
5360 Neosalvarsan, reaction from.
5370 Nephrolithiasis.
5380 Nephroptosis.
5390 Nervous vomiting.
5400 Neuralgia.
5410 Neurasthenia.
5420 Neurasthenia gastrica.
Neuritis :
5430 Diphtheritic.
5440 Multiple, alcoholic.
5450 Multiple, nonalcoholic.
5460 Optic.
5470 Unclassified.
5480 Neurocirculatory asthenia.
5490 Neurofibroma.
5500 Neuroma.
5510 Neuroretinitis.
5520 Neurosis.
5530 Nose, external deformity of.
5540 Nostalgia.
5550 Nystagmus.
5560 Obesity.
5570 Old age and results.
5580 Onychauxis.
5590 Onychia.
5600 Ophthalmitis, sympathetic.
5610 Ophthalmoplegia, externa.
5620 Ophthalmoplegia, interna.
5630 Ophthalmoplegia, total.
5640 Optic atrophy.
5650 Orchitis.
5660 Osteitis.
5670 Osteitis deformans.
5680 Osteoma.
5690 Osteomyelitis.
5700 Othematoma.
Other disease of :
5710 Anus.
5720 Bile ducts and gall bladder.
5730 Bladder.
5740 Circulatory system.
5750 Digestive system.
5760 Ductless glands.
5770 Ear.
5780 Epidemic type.
5790 Esophagus.
5800 Eye.
5810 Intestine, parasitic origin.
5820 Kidneys.
5830 Larynx.
5840 Liver.
5850 Muscilo-skeletal system.
5860 Lymphatic system.
5870 Male genital organs, nonvenereal.
5880 Mouth and adnexa.
5890 Nasal fossae.
5900 Nervous system.
5910 Pharynx.
5920 Respiratory system.
5930 Skin.
Otitis, externa :
5940 Circumscribed (furuncle).
5950 Diffuse, acute.
5960 Diffuse, parasitic.
5970 Otitis interna.
5980 Otitis media.
5990 Oto-sclerosis.
6000 Overriding toes.
6010 Overweight.
6020 Oxyuriasis.
6030 Ozena.
Pachymeningitis :,
6040 Cerebral, suppurative.
6050 Cervicalis.
6060 Hemorrhagic, internal.
6070 Spinal, suppurative.
6080 Pancreatitis.
6090 Panophthalmitis.
6100 Pansinusitis.
6110 Papillitis.
6120 Papillo-adeno-carcinoma of kidney.
6130 Papilloma.
6140 Pappataci fever.
6150 Paragonimiasis.
6160 Paralysis.
6170 Paralysis, agitans.
6180 Paralysis, bulbar.
6190 Paralysis, muscle, ischemic.
6200 Paralysis of muscle.
6210 Paralysis of nerve.
6220 Paralysis of occular muscle.
6230 Paramyoclonus multiplex.
6240 Paranoia.
6250 Paraphimosis.
6260 Paraplegia.
6270 Parathyroid gland, diseases of.
6280 Paratyphoid fever (a).
6290 Paratyphoid fever (b).
6300 Paresis.
6310 Paronychia.
6320 Pediculosis capitis.
6330 Pediculosis corporis.
6340 Pediculosis pubis.
6350 Pellagra.
6360 Pemphigus.
6370 Pericarditis, acute fibrinous.
6380 Pericarditis, adhesive.
6390 Pericarditis, purulent.
6400 Pericarditis, with effusion.
6410 Perichondritis.
6420 Pericystitis.
6430 Perigastritis.
6440 Perinephritis.
6450 Periorchitis.
6460 Periostitis.
6470 Periprostatitis.
6480 Peritoneal adhesions.
6490 Peritonitis, acute diffuse.
6500 Peritonitis, acute local.
6510 Peritonitis, chronic.
6520 Pernio (chilblain, 1390).
6530 Pes cavus.
6540 Pes planus.
6550 Pharyngitis.
6560 Phimosis, congenital.
6570 Phlebitis.
6580 Phlegmona diffusa.

6581 Physically inadequate.
6590 Pituitary gland, diseases of.
6600 Pityriasis.
6610 Pityriasis rubra.
6620 Pityriasis simplex.
6630 Pityriasis versicolor.
6640 Plague, bubonic.
6650 Plague, pneumonic.
6660 Plague, septicaemic.
6670 Pleurisy, fibrinous.
6680 Pleurisy, serofibrinous.
6690 Pleurisy, suppurative.
6700 Pleuritic adhesions.
6710 Pneumonia, broncho.
6720 Pneumonia, interstitial.
6730 Pneumonia, lobar.
6740 Pneumonia, unclassified.
6750 Pneumopericardium.
6760 Pneumothorax.
6770 Poisoning, chronic lead.
6780 Poisoning, chronic.
6790 Poliomyelitis, anterior, acute.
6800 Poliomyelitis, anterior, chronic.
6810 Polycythemia, chronic.
6820 Polypus, nasal.
6830 Presbyopia.
6840 Priapism.
6850 Prickly heat.
6860 Proctitis.
6870 Prolapse of ureter.
6880 Pronated foot.
6890 Prostatitis.
6900 Prostate, hypertrophy of.
6910 Prostatorrhoea.
6920 Prurigo.
6930 Pruritus.
6940 Pruritus ani.
6950 Psoriasis.
6960 Psychasthenia.
6970 Psychoneurosis.
Psychosis, alcoholic :
6980 Acute hallucinosis.
6990 Chronic paranoid type.
7000 Delirium tremens.
7010 Korsakoff's psychosis.
7020 Other types, acute or chronic.
7030 Pathological intoxication.
Psychosis :
7040 Epileptic.
7050 Due to drugs and other exogenous toxins, (a) morphine, cocaine, bromides, chloral, etc., alone or combined (to be specified).
7060 Manic depressive.
7070 Senile.
7080 Traumatic.
7090 Undiagnosed.
7100 With brain tumor.
7110 With cerebral arteriosclerosis.
7120 With cerebral syphilis.
7130 With constitutional psychopathic inferiority.
7140 With Huntington's chorea.
7150 With mental deficiency.
7160 With other brain or nervous diseases (specify when possible).
7170 With other somatic diseases (specify disease)
7180 With pellagra.
7190 Unclassified.
7200 Pterygium.
7210 Ptosis.
7220 Purpura simplex.
7230 Purpura, hemorrhagica.
7240 Purpura, rheumatica.
7250 Pyaemia, surgical.
7260 Pyelitis.
7270 Pyelonephritis.
7280 Pyloric insufficiency.
7290 Pylorus, stricture of.
7300 Pylorospasm.
7310 Pyonephrosis.
7320 Pyopneumothorax.
7330 Pyorrhoea alveolaris.
7340 Rabies.
7350 Rat-bite fever.
7360 Raynaud's disease.
7370 Rectum, prolapse of, complete.
7380 Rectum, prolapse of incomplete.
Relapsing fever :
7390 Carter (Asiatic).
7400 Dutton (African).
7410 Koch.
7420 Novy (American).
7430 Obermeyer (European).
7440 Retina, detachment.
7450 Retina, rupture of.
7460 Retinal artery, obstruction of.
7470 Retinitis, acute.
7480 Retinitis, albuminuric.
7490 Retinitis, diabetic.
7500 Retinitis, hemorrhagic.
7510 Retinitis, syphilitic.
7520 Retinitis, unclassified.
7530 Retrobulbar neuritis.
7540 Rheumatic fever.
7550 Rhinitis, acute.
7560 Rhinitis, atrophic.
7570 Rhinitis, membranous.
7580 Rhinitis, hypertrophic.
7590 Rhinoscleroma.
7600 Rickets.
7610 Rocky Mountain spotted fever.
7620 Rose cold.
7630 Rumination.
7640 Salpingitis eustachian, acute.
7650 Salvarsan, reaction from.
7660 Sapremia.
7670 Sarcocele.
7680 Sarcoma.
7690 Satyriasis.
7700 Scabies.
7710 Scarlet fever.
7720 Schistosomiasis, biliary.
7730 Schistosomiasis, intestinal.
7740 Schistosomiasis, vesical.
7750 Sciatica.
7760 Scleritis.
7770 Sclerosis, combined.
7780 Sclerosis, disseminated.
7790 Sclerosis, lateral.
7800 Scoliosis.
7810 Scrofuloderma.
7820 Scurvy.
7830 Seasickness.
7840 Seborrhoea.
7850 Seminal vesiculitis.
7860 Septicaemia, general.
7870 Shell shock.
7880 Shock.
7890 Sialadenitis.
7900 Sigmoiditis.
7910 Sinusitis, ethmoidal.
7920 Sinusitis, frontal.
7930 Sinusitis, maxillary.
7940 Sinusitis, sphenoidal.
7950 Smallpox.
7960 Snow blindness.

7970 Speech, impediment of.
7980 Spermatorrhoea.
7990 Spina bifida.
8000 Spine, curvature of.
8010 Spinal cord, tumor of.
8020 Spleen, diseases of.
8030 Spondylitis (unqualified).
8040 Sporotrichosis
8050 Sprue.
8060 Staphyloma of cornea.
8070 Status lymphaticus.
8080 Stenosis.
Stomach :
8090 Acute dilatation of.
8100 Adhesions of.
8110 Atony of (motor insufficiency, second degree)
8120 Hour-glass contraction of.
8130 Ulcer of.
8140 Stomatitis, aphthous.
8150 Stomatitis, catarrhal.
8160 Stomatitis, mercurial.
8170 Stomatitis, ulcerative.
8180 Strabismus.
8190 Stricture.
8200 Strongyloidosis.
8210 Strongylosis.
8220 Stuttering.
8230 Subconjunctival hemorrhage.
8240 Sudamina.
8250 Sycosis vulgaris.
8260 Symblepharon.
8270 Synechia.
8280 Synovitis of.
Syphilis :
8290 Hereditary.
8300 Primary.
8310 Secondary.
8320 Tertiary.
8330 Unclassified.
8340 Syringomyelia.
8350 Tabes dorsalis.
8360 Tachycardia, paroxysmal.
8370 Tachycardia, simple.
8380 Talipes.
8390 Telangiectasis.
8400 Teniasis.
Tenosynovitis :
8410 Fibrinous, of muscle.
8420 Serous, of muscle.
8430 Suppurative, of muscle.
8440 Teratoma.
8450 Tetanus.
8460 Thrombosis.
8470 Thymus gland, diseases of.
8480 Tics.
8490 Tinea favosa.
8500 Tonsillitis, chronic.
8510 Tonsillitis, follicular.
8520 Tonsillitis, hypertrophic.
8530 Tonsillitis, parenchymatous, suppurative.
8540 Trematodiasis.
8550 Trench fever.
8560 Trench foot.
8670 Trench mouth.
8580 Trichinosis.
8590 Trichomoniasis.
8600 Trichophytosis, barbae.
8610 Trichophytosis, capitis.
8620 Trichophytosis, corporis.
8630 Trichorrhexis, nodosa.
8640 Trigger finger.
8650 Trypanosomiasis.
8660 Tuberculosis, nervous system.
Tuberculosis :
8670 Abdominal.
8680 Of bone.
8690 General miliary.
8700 Of large joints.
8710 Other location.
8720 Pulmonary acute.
8730 Pulmonary acute, broncho-pneumonic.
8740 Pulmonary acute, miliary.
8750 Pulmonary acute, pneumonic.
8760 Pulmonary, chronic.
8770 Pulmonary, chronic, active.
8780 Pulmonary, chronic, arrested.
8790 Sacro-iliac joint.
8800 Tubercular abscess.
8810 Tubercular keratitis.
8820 Tubercular meningitis.
8830 Tumor, benign.
8840 Tumor, phantom.
8850 Tunica vaginalis, hematocele of.
8860 Turbinate, hypertrophy of.
8870 Typhoid fever.
8880 Typhus fever.
8890 Ulcer.
8900 Ulcer of, decubital.
8910 Ulcer of foot, perforated.
8920 Underheight.
8940 Under observation, undiagnosed or unknown.
8930 Underweight.
8950 Uremia.
8960 Ureteral colic.
8970 Ureteritis.
8980 Urethritis, acute (nonvenereal).
8990 Urethritis, chronic (nonvenereal).
9000 Urine, extravasation of.
9010 Urine, incontinence of.
9020 Urine, retention of.
9030 Urticaria.
9040 Urticaria pigmentosa.
9050 Uveitis.
9060 Uvulitis.
9070 Vaccination, smallpox.
9080 Vaccination, typhoid fever.
9090 Vaccination, other than typhoid fever or smallpox.
9100 Vagotonia.
Valvular heart disease :
9110 Aortic insufficiency.
9120 Aortic stenosis.
9130 Combined lesions, aortic.
9140 Mitral insufficieccy.
9150 Mitral stenosis.
9160 Pulmonic lesions.
9170 Tricuspid lesions.
9180 Valvular heart disease (unclassified).
9190 Varicocele.
9200 Varicose veins.
9210 Verruca (wart).
9220 Vincent's angina.
9230 Vitreous, hemorrhage of.
9240 Vitreous, opacity of.
9250 Visceroptosis.
9260 Whooping cough.
9270 Xanthoma.
9280 Yellow fever.
Injuries produced by external causes :
9290 Abrasion.
9300 Amputation stum , painful.
9310 Amputation, traumatic.
9320 Anaphylaxis.
9330 Asphyxiation.
9340 Bites.
9350 Blister.

9360 Blood donor.
9370 Burn, chemical.
9380 Burn.
9390 Burn, X-ray.
9400 Cataract, traumatic.
9410 Ciliary body, prolapse from injury.
9420 Compression.
9430 Concussion.
9440 Conjunctivitis, traumatic.
9450 Contusion.
9460 Crushing.
9470 Deafness, due to heavy firing.
9480 Decapitation.
9490 Deprivation of water.
9500 Dermatitis, actinica.
9510 Dermatitis, calorica.
9520 Dermatitis traumatica.
9530 Dermatitis, venenata.
9540 Dislocation, articular cartilage, knee.
9550 Dislocation, compound.
9560 Dislocation, simple.
9570 Drowning, accidental.
9580 Drowning, not accidental.
9590 Electric shock, injury from.
9600 Emphysema, traumatic.
9610 Epiphyseal separation.
9620 Epilation, traumatic.
9630 Exhaustion from overexertion.
9640 Exhaustion from overexposure.
9650 Eyeball, other wounds and injuries of.
9660 Eyeball, rupture of, traumatic.
9670 Foreign body, traumatic.
9680 Fracture, comminuted.
9690 Fracture, compound.
9700 Fracture, compound, comminuted.
9710 Fracture, delayed union.
9720 Fracture, faulty union.
9730 Fracture, fibrous union following.
9740 Fracture near joint, with dislocation.
9750 Fracture, nonunion.
9760 Fracture, pseudarthrosis.
9770 Fracture, simple.
9780 Frostbite.
9790 Gases, deleterious effects of.
9800 Heart, rupture of, traumatic.
9810 Heat, ill defined effects of.
9820 Hematocele, tunica vaginalis, traumatic.
9830 Hematoma, traumatic.
9840 Hemorrhage into joint, traumatic.
9850 Hemorrhage, subdural, traumatic.
9860 Hemorrhage, traumatic.
9870 Homicide.
9880 Injury, secondary result of.
9890 Iris, prolapse of, from injury.
9900 Lightning stroke, injury from.
9910 Myelitis, traumatic.
9920 Myositis, ossifying, traumatic.
9930 Neuritis, traumatic.
9940 Paralysis, from pressure, the result of injury.
9950 Poisoning, acute.
9960 Poisoning, by food.
9970 Rupture, traumatic.
9980 Self-mutilation.
9990 Serum poisoning.
10000 Smoke inhalation.
10010 Sprain.
10020 Starvation.
10030 Strain.
10040 Strangulation.
10050 Submersion (nonfatal).
10060 Suicide.
10070 Sunburn.
10080 Sunstroke.
10090 Synovitis, traumatic.
10100 Tinnitus, aurium, due to heavy firing.
10110 Venomous bites and stings.
10120 Wound, character or cause not stated.
10130 Wound, contused.
10140 Wound, extensive.
10150 Wound, incised.
10160 Wound, lacerated.
10170 Wound, multiple.
10180 Wound, punctured.
10190 Wound, penetrating.
10200 Wound, perforating.

STANDARD TERMS FOR ANATOMIC LOCATIONS

GENERAL. The standard terms for anatomic location listed as standard Terms For Diagnoses will be used as a guide in preparing indexes of sick and wounded.

LIST.

001 Abdomen.
002 Acetabulum.
003 Acromioclavicular.
004 Acromial.
005 Adductor muscles.
006 Alveolar.
007 Ankle.
008 Anterior chamber of eye.
009 Anus.
010 Aorta, abdominal.
011 Aorta, ascending thoracic.
012 Aorta, descending thoracic.
013 Aorta, transverse thoracic.
014 Arm.
015 Astragalus.
016 Auricle.
017 Axilla.
018 Axillary artery.
019 Back.
020 Basilic vein.
021 Biceps cubiti.
022 Biceps femoris.
023 Bladder urinary.
024 Brachial artery.
025 Brachial plexus.
026 Brain.
027 Bronchus.
028 Buccal.
029 Calcaneum.
030 Carotid artery.
031. Carotid fossa.
032 Carpo-metcarpal joint.
033 Carpus.
034 Cecum.
035 Cephalic vein.
036 Cervical.
037 Cheek.
038 Chin.
039 Choroid.
040 Ciliary body.
041 Circumflex nerve.
042 Clavicle.
043 Coccyx.
044 Condyle.
045 Colon.
046 Conjunctiva.
047 Cornea.
048 Costosternal.
049 Crural.
050 Cuboid.
051 Cuneiform (carpal).

052 Cuneiform, external.
053 Cuneiform, internal.
054 Cuneiform, middle.
055 Deltoid muscle.
056 Diaphragm.
057 Dorsal.
058 Dorsalis pedis.
059 Duodenum.
060 Ear.
061 Elbow.
062 Epididymis.
063 Epigastric.
064 Erector spinae.
065 Esophagus.
066 Ethmoid.
067 Eustachian tube.
068 External auditory canal.
069 External oblique.
070 Extradural.
071 Eyeball.
072 Eyelid, lower.
073 Eyelid, upper.
074 Face.
075 Facial nerve.
076 Femoral artery.
077 Femur.
078 Fibula.
079 Fifth nerve.
080 Finger.
081 Finger, idex.
082 Finger, little.
083 Finger, middle,
084 Finger, ring.
085 Foot.
086 Forearm.
087 Forehead.
088 Frontal bone.
089 Frontal region.
090 Gall bladder.
091 Gall ducts.
092 Gastrocnemius.
093 Genital organs.
094 Gluteal.
095 Great toe.
096 Great trochanter.
097 Hand.
098 Head.
099 Heart.
100 Heel.
101 Hip.
102 Humerus.
103 Hyoid.
104 Hypochondrium.
105 Hypogastric.
106 Ileum.
107 Ilium.
108 Infraclavicular.
109 Inframammary.
110 Infraorbital.
111 Infrascapular.
112 Inguinal.
113 Intercostal.
114 Interscapular.
115 Intestine, small.
116 Iris.
117 Ischium.
118 Jejunum.
119 Joint.
120 Jugular vein.
121 Kidney.
122 Knee.
123 Lacrimal sac.
124 Larynx.
125 Latissimus dorsi.
126 Leg.
127 Lesser trochanter.
128 Ligamentum patellae.
129 Lip, lower.
130 Lip, upper.
131 Lips, both.
132 Liver.
133 Lower extremity.
134 Lumbosacral.
135 Lungs.
136 Lymph glands.
137 Malar.
138 Malleolus.
139 Mammary.
140 Mastoid process.
141 Mastoid region.
142 Maxilla, inferior.
143 Maxilla, superior.
144 Maxillary region.
145 Median vein.
146 Median cephalic vein.
147 Median nerve.
148 Mediastinum.
149 Mediocarpal.
150 Mediotarsal.
151 Medulla.
152 Meninges.
153 Mesentery.
154 Metacarpophalangeal joint.
155 Metacarpus.
156 Middle ear.
157 Mouth.
158 Musculospiral nerve.
159 Nasal bone.
160 Neck.
161 Nose.
162 Occipital bone.
163 Occipital region
164 Olecranon.
165 Omentum.
166 Optic nerve.
167 Orbit.
168 Orbital region.
169 Os magnum.
170 Palate bone.
171 Palmar arch.
172 Pancreas.
173 Parietal bone.
174 Parietal region.
175 Parotid.
176 Patella.
177 Pectoral muscles.
178 Pelvis.
179 Penis.
180 Pericardium.
181 Perineum.
182 Periosteum.
183 Peritoneum.
184 Peronei muscles.
185 Phalanx.
186 Pharynx.
187 Phrenic nerve.
188 Pisiform.
189 Plantar arch.
190 Pleura.
191 Pons.
192 Popliteal artery.
193 Politeal nerve.
194 Popliteal space.
195 Pneumogastric nerve.
196 Prostate.
197 Psoas.

198 Pubic bone.
199 Quadriceps extensor femoris.
200 Radial artery.
201 Radial nerve.
202 Radiocarpal.
203 Radius.
204 Rectum.
205 Rectus abdominis.
206 Retina.
207 Rib.
208 Sacro-iliac synchondrosis.
209 Sacral region.
210 Sacrum.
211 Salivary glands.
212 Saphenous vein, external.
213 Saphenous vein, internal.
214 Sartorius.
215 Scalp.
216 Scaphoid (carpal).
217 Scaphoid (tarsal).
218 Scapula.
219 Scapula region.
220 Sciatic nerve, great.
221 Sclera.
222 Scrotum.
223 Semilunar.
224 Seminal vesicles.
225 Shoulder.
226 Shoulder joint.
227 Sigmoid.
228 Skull, base.
229 Skull, vault.
230 Sphenoid.
231 Spinal cord.
232 Spinal meninges.
233 Spinal column.
234 Spinous process.
235 Spleen.
236 Sternal region.
237 Sternoclavicular.
238 Sternocleidomastoid.
239 Sternum.
240 Stomach.
241 Subacromial.
242 Subclavicular.
243 Subdural.
244 Sublingual.
245 Submaxillary.
246 Submental.
247 Supraclavicular.
248 Supraorbital.
249 Suprapubic.
250 Suprarenal.
251 Suprascapular.
252 Suprasternal.
253 Symphysis, inferior maxillary.
254 Symphysis, pubis.
255 Tarsometatarsal joint.
256 Tarsus.
257 Teeth.
258 Temporal artery.
259 Temporal bone.
260 Temporal region.
261 Temporomaxillary.
262 Tendo-achilles.
263 Tendon.
264 Testicle.
265 Thigh.
266 Thorax.
267 Thumb.
268 Thyroid gland.
269 Tibia.
270 Tibial artery, anterior.
271 Tibial artery, posterior.
272 Tibial nerve, anterior.
273 Tibial nerve, posterior.
274 Tibialis anticus.
275 Toe.
276 Tongue.
277 Tonsil.
278 Trachea.
279 Trapezium.
280 Trapezius.
281 Trapezoid.
282 Trunk.
283 Tympanum.
284 Ulna.
285 Ulnar artery.
286 Ulnar nerve.
287 Umbilical.
288 Unciform.
289 Upper extremity.
290 Ureter.
291 Urethra.
292 Urogenital.
293 Uterus.
294 Uvula.
295 Vein.
296 Ventral.
297 Ventricle.
298 Vertebra.
299 Vitreous.
300 Vomer.
301 Wrist.
302 Zygoma.

STANDARD TERMS FOR OPERATIONS

General. The standard terms for operations listed herein will be used as a guide in preparing records of sick and wounded. It is not intended that they shall be rigidly adhered to, but as far as practicable they will be substantially followed. When operations are performed for which no terms are furnished herein, or for which the terms given are general in character, they will be recorded with such scientific terms commonly applied to them by the profession as will briefly and accurately describe them. When new terms are inserted in the list they will be placed in their proper alphabetical order and assigned numbers within the limits of the numerical code now present.

LIST.

0010 Adenoidectomy.
0020 Adenoidectomy and tonsillectomy.
0030 Advancement of eye muscle.
0040 Amputation, lower extremity, all or in part.
0050 Amputation, upper extremity, all or in part.
0060 Aneurysmorrhaphy.
0070 Aponeurosis, division of.
0080 Aponeurosis, excision of.
0090 Appendectomy.
0100 Arteriorrhaphy.
0110 Arteriotomy.
0120 Artery, ligation.
0130 Arthrectomy complete lower extremity.
0140 Arthrectomy, complete upper extremity.
0150 Arthrectomy, partial, lower extremity.
0160 Arthrectomy, partial, upper extremity.
0170 Arthroclasia, lower extremity.
0180 Arthroclasia, upper extremity.
0190 Arthrodesis.
0200 Arthroplasty, lower extremity.
0210 Arthroplasty, upper extremity.

0220 Arthrotomy, lower extremity.
0230 Arthrotomy, upper extremity.
0240 Bladder, plastic repair.
0250 Blepharoplasty.
0260 Blood vessels, other operations.
0270 Bone graft, lower extremity.
0280 Bone graft, upper extremity.
0290 Bone plate, removal of, lower extremity.
0300 Bone plate, removal of, upper extremity.
0310 Bone rebroken and set for faulty union, lower extremity.
0320 Bone rebroken and set for faulty union, upper extremity.
0330 Bone, resection of.
0340 Brain cyst, drainage.
0350 Brain cyst, excision.
0360 Brain, other operations.
0370 Breaking up of adhesions.
0380 Bursa, aspiration.
0390 Bursa, excision.
0400 Bursa, incision.
0410 Canthoplasty.
0420 Canthotomy.
0430 Capsulorrhaphy.
0440 Cardiorrhaphy.
0450 Cataract extraction.
0460 Cauterization.
0470 Cecectomy.
0480 Cecostomy.
0490 Celiotomy.
0500 Chalazion operation.
0510 Cholecystectomy.
0520 Cholecystotmy.
0530 Chondrectomy.
0540 Chondrotomy.
0550 Circumcision.
0560 Clot, removal.
0570 Colectomy, partial.
0580 Colostomy.
0590 Colotomy.
0600 Conjunctival keratoplasty.
0610 Connective tissue, excision of.
0620 Connective tissue, incision of.
0630 Curettement.
0640 Cystectomy, complete.
0650 Cystectomy, partial.
0660 Cystorrhaphy.
0670 Cystoscopy.
0680 Cystostomy perineal.
0690 Cystostomy suprapubic.
0700 Cystostomy transperitoneal.
0710 Debrdement.
0720 Debridement with primary suture.
0730 Debridement with Carrel's treatment.
0740 Debridement with drainage.
0750 Decompression.
0760 Decortication.
0770 Depressed fragments, elevation of.
0780 Dilatation.
0790 Dilatation of lacrimal duct.
0800 Disarticulation.
0810 Discussion of cataract.
0820 Drainage.
0830 Ear, removal foreign body.
0840 Entero-colostomy.
0850 Entero-enterostomy.
0870 Enterostomy.
0880 Enterotomy.
0890 Enucleation, simple.
0900 Enucleation, with implantation.
0910 Epididymectomy.
0920 Epididymotomy.
0930 Epilation.
0940 Esophagorrhaphy.
0950 Esophagostomy.
0960 Esophagotomy.
0970 Evisceration.
0980 Excision of (specify).
0990 Exploratory incision.
1000 Extirpation of lacrimal sac.
1010 Extraction of fragments of missile.
1020 Extraction of tooth.
1030 Eye, other operations.
1040 Eye, removal of foreign body.
1050 Fistula, excision.
1060 Fistula, incision.
1070 Foreign body, removal of.
Fracture, closed, treatment of :
1080 With Buck's traction.
1090 With external splints.
1100 With Hodgen's splints.
1110 With Jones's traction.
1120 With other methods.
1130 With plaster of Paris.
Fracture, compound closed, treatment of
1140 With Buck's traction.
1150 With external splints.
1160 With Hodgen's splints.
1170 With Jones's traction.
1180 With plaster of Paris.
Fracture, open treatment of :
1190 By band.
1200 By bone graft.
1210 By plate.
1220 By suture.
1230 By wiring.
1240 Other method.
1250 Fracture, removal of fragments.
1260 Gastrectomy, complete.
1270 Gastrectomy, partial.
1280 Gastroenterostomy.
1290 Gastrorrhaphy.
1300 Gastrostomy.
1310 Gastrotomy.
1320 Glossectomy, complete.
1330 Glossectomy, partial.
1340 Hemorrhoids, clamp and cautery.
1350 Hemorrhoids, ligation.
1360 Hepatorrhaphy.
Hernia :
1370 Femoral, repair.
1380 Inguinal, repair.
1390 Lumbar, repair.
1400 Strangulated, open reduction.
1410 Umbilical, repair.
1420 Ventral, repair.
Hydrocele :
1430 Aspiration and injection.
1440 Eversion of sac (bottle operation).
1450 Excision.
1460 Hysterectomy.
1470 Incision.
1480 Incision and curettement.
1490 Incision and drainage.
1500 Incision of lacrimal sac.
1510 Insertion of Carrel tubes.
1520 Intestinal resection.
1530 Intestines, other operations.
1540 Intubation.
1550 Iridectomy.
1560 Iridotomy.
Joint, aspiration of :
1570 Lower.
1580 Upper.
Joint, aspiration and injection :
1590 Lower.

1600 Upper.
Joint, dislocation :
1610 Closed reduction, lower.
1620 Closed reduction, upper.
1630 Open reduction, lower.
1640 Open reduction upper.
Joints, excision neoplasm, synovial folds. etc. :
1650 Lower.
1660 Upper.
Joint, removal foreign or loose bodies :
1670 Lower.
1680 Upper.
Joint, resection :
1690 Lower.
1700 Upper.
1710 Kidney, removal of foreign bodies.
1720 Laminectomy.
1730 Laryngectomy, complete.
1740 Laryngectomy, partial.
1750 Laryngoscopy.
1760 Laryngotomy.
1770 Larynx, plastic repair.
1780 Larynx, removal foreign body.
1790 Litholapaxy.
1800 Lithotomy, suprapubic.
1810 Lithotomy, perineal.
1820 Liver, other operations.
1830 Lungs, removal foreign body.
1840 Lymphadenectomy.
1850 Mastoidotomy.
1860 Mouth, plastic repair.
1870 Myectomy.
1880 Myorrhaphy.
1890 Myotomy.
1900 Nasal cavity, cauterization.
1910 Nasal cavity, excision neoplasm.
1920 Nasal cavity, plastic repair.
1930 Nephrectomy.
1940 Nephrolithotomy.
1950 Nephropexy.
1960 Nephrorrhaphy.
1970 Nephrotomy.
1980 Neurectomy.
1990 Neurolysis.
2000 Neurorrhaphy.
2010 Neurotomy.
2020 No operation.
2030 Nose, plastic repair.
2040 Orchidectomy.
2050 Orchidotomy.
2060 Ostectomy, complete.
2070 Ostectomy, partial.
2080 Osteotomy.
2090 Pancreas, operation.
2100 Paracentesis.
2110 Paracentesis cornea.
2120 Paracentesis ventriculi.
2130 Pericardiorrhaphy.
2140 Pericardiotomy.
2150 Periostotomy.
2160 Peritoneum, drainage.
2170 Pharyngotomy.
2180 Phlebectomy.
2190 Phlebotomy.
2200 Plastic on lids.
2210 Plastic repair of face.
2220 Plastic repair of rectum.
2230 Plastic repair of skin.
2240 Plastic repair of other parts.
2250 Plastic repair of testicle.
2260 Plastic repair with celluloid splints.
2270 Plication.
2280 Pneumorrhaphy.
2290 Pneumothorax, artificial.
2300 Pneumonotomy.
2310 Protectomy.
2320 Proctoscopy.
2330 Prostatectomy, perineal.
2340 Prostatectomy, suprapubic.
2350 Prostatotomy.
2360 Pterygium, operation for.
2370 Ptosis, operation for.
2380 Pulmonary abscess, drainage.
2390 Reamputation.
2400 Rectum, divulsion.
2410 Removal of foreign body from bladder.
2420 Removal of foreign body from bronchus.
2430 Removal of foreign body from nasal cavity.
2440 Removal of foreign body from pleura.
2450 Rib resection with drainage.
2460 Saemisch operation.
2470 Salivary glands, operation.
2480 Sclerocorneal trephining.
2490 Sclerotomy.
2500 Sequestrotomy.
2510 Silver wire removal, lower extremity.
2520 Silver wire removal, upper extremity.
2530 Sinusotomy, ethmoidal.
2540 Sinusotomy, frontal.
2550 Sinusotomy, maxiliary.
2560 Sinusotomy, sphenoidal.
2570 Skin grafting.
2580 Spinal injection.
2590 Spinal puncture.
2600 Splenectomy.
2610 Splenorrhaphy.
2620 Staphyloma, operation for.
2630 Stomach, other operations.
2640 Submucous resection.
2650 Suprarenal glands, operation on.
2660 Suture.
2670 Suture, secondary.
2680 Symblepharon, operation for.
2690 Tarsorrhaphy.
2700 Tendon transplantation.
2710 Tendons, other operations.
2720 Tenoplasty.
2730 Tenorrhaphy.
2740 Tenosynovectomy.
2750 Tenotomy.
2760 Tenotomy of eye muscle.
2770 Thoracentesis.
2780 Thoracoplasty.
2790 Thoracotomy, with drainage.
2800 Thyroidectomy, complete.
2810 Thyroidectomy, partial.
2820 Tongue, other operations.
2830 Tonsillectomy.
2840 Trachea, removal foreign body.
2850 Tracheotomy.
2860 Trachoma, expression.
2870 Transfusion.
2880 Trephining.
2890 Trichiasis, operation.
2900 Turbinectomy.
2910 Urethra, plastic repair.
2920 Urethrotomy, external.
2930 Urethrotomy, internal.
2940 Varicocelectomy.
2950 Vasectomy.
2960 Vasotomy.
2970 Vein, infusion of.
2980 Vein, ligation of.
2990 Vesiculectomy, seminal.
3000 Wound, opened and packed.

STATION HOSPITAL

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Report of HOSPITALIZATION of authorized foreign personnel for the month of _____ 1945

Name in full	(country) Authorized Personnel	Rank	Organization	Inclusive dates of Hospitalization	Number Patient Days	Diagnosis
Bell. Jay Henry	England	Corporal	Staff Hqrs. Wash., D. C.	7-5—7-11	7	Tonsillitis, chronic follicular, bilateral
Smith. John Henry	England	Captain	RCAF	7-5—7-31	27	Sclerosis, multiple
					34	

I certify that the foregoing statement is correct.

_____

(To be signed by the commanding officer of the hospital)

STATISTICAL HEALTH REPORT

(See AR 40–1080)

Control Approval Symbol
M[illegible]-9

FOR S. G. O. USE ONLY

(A) Unit and location*

(B) For period ending*

I. MEAN STRENGTH

	ARMY (excl. WAC)		WAC		TOTAL ARMY		
	White (1)	Colored (2)	White (3)	Colored (4)	White (5)	Colored (6)	Total (7)
1 (C)							

II. ADMISSIONS, DISPOSITIONS, AND TOTAL NUMBER OF ARMY PATIENTS UNDER TREATMENT (PATIENTS' TABLE)

DATE OF LAST REPORT ____, 19__		HOSPITAL			QUARTERS			HOSPITAL AND QUARTERS			
		Disease (1)	Injury (2)	Battle Casualty (3)	Disease (4)	Injury (5)	Battle Casualty (6)	Disease (7)	Injury (8)	Battle Casualty (9)	Total (10)
2	Remaining from last report										
3	ADMISSIONS: (E) Direct							*	*	*	
4	Transfers										
5	Hospital to or from quarters										
6	TOTAL TREATED										
7	DISPOSITIONS: Duty										
8	Transfers										
9	(J) Deaths							*	*	*	
10	Otherwise										
11	Hospital to or from quarters										
12	TOTAL DISPOSITIONS										
13	(L) Remaining on last day of period							*	*	*	

III. ARMY NEUROPSYCHIATRIC CASES

DIAGNOSIS	REMAINING FROM LAST REPORT (1)	ADMISSIONS		TOTAL UNDER CARE (4)	DISPOSITIONS			REMAINING ON LAST DAY OF PERIOD		
		Direct (2)	Transfers (3)		Duty (5)	All other (6)	Total (7)	Open Wards (8)	Locked Wards (9)	Total (10)
14 Psychiatric										
15 Organic neurological diseases										

IV. PATIENTS OCCUPYING BEDS (on the last day of period)

	HOSPITAL			CONVALESCENT FACILITIES		
	White (1)	Colored (2)	Total (3)	White (4)	Colored (5)	Total (6)
16 Army (excl. WAC and AAF): Officers						
17 Enlisted men						
18 AAF: Officers						
19 Enlisted men						
20 WAC						
21 Other U. S. Armed Forces						
22 Allied and Neutral Armed Forces						
23 PW: Officers						
24 Enlisted men						
25 Civilians						
26 TOTAL						

V. DAYS LOST BY ARMY PATIENTS

		Hospital (1)	Qtrs. (2)	Conv. Facil. (3)	Total (4)
27	Disease				
28	Injury				
29	Battle Casualty				
30	TOTAL				

VI. DAYS LOST BY ARMY PATIENTS DUE TO VENEREAL DISEASES

		Army (excl. WAC) (1)	WAC (2)	Total Army (3)
31	White			
32	Colored			
33	TOTAL			

VII. HOSPITALIZATION DATA

	FIXED HOSPITALS									NONFIXED HOSPITALS		CONVALESCENT FACILITIES (12)
	HOSPITAL BUILDINGS			TENTAGE			TOTAL			T/O (10)	IN EXCESS OF T/O (11)	
	Normal (1)	Expansion (2)	Total (3)	Normal (4)	Expansion (5)	Total (6)	Normal (7)	Expansion (8)	Total (9)			
34 (P) Bed capacity									*	*	*	*
35 (Q) Beds occupied									*	*	*	*

36 Number of beds in locked wards Number of beds for PW: Fixed hospitals Stockade

37 Bed credits in other than Army hospitals: Number Location

38 REMARKS:

39

VIII. MISCELLANEOUS

40 (M) Number of patients fit for evacuation if necessary* (N) Number KIA since last report (do not include in II)*

41 (R) Percent remaining sick on the last day of the report period (line 13 col. 10 divided by line 1 col. 7, multiplied by 100) *

42 Number of Army patients in other than Army hospitals (also include on proper line in II) Deaths among these patients (also include on proper line in II)

IX. COMMUNICABLE DISEASES

		DIAGNOSES	Cases Remaining From Last Report (1)	Cases Added Since Last Report: (S) By Direct Admission, Informal Transfer, and Change of Diagnosis † — Total (2)*	Cases Added Since Last Report: (S) By Direct Admission, Informal Transfer, and Change of Diagnosis † — Readmitted (3)	Cases Added Since Last Report: By Formal Transfer, If Diagnosis on Transfer Card Is Concurred In (4)	Cases Disposed of Since Last Report (5)	Cases Remaining Under Treatment (6)	Deaths From Communicable Diseases (7)
Diseases Transmitted by Discharges of the Respiratory Tract	43	*Common respiratory diseases							
	44	*Diphtheria							
	45	*Influenza							
	46	*Measles							
	47	Measles, German							
	48	*Meningitis, Meningococcic							
	49	*Mumps							
	50	Pneumonia, primary (not atypical)							
	51	*Pneumonia, primary atypical							
	52	*Pneumonia, secondary							
	53	*Scarlet fever							
	54	*Streptococcal sore throat							
	55	*Tuberculosis, all forms							
	56	Vincent's angina							
Intestinal Diseases	57	Bacterial food poisoning							
	58	*Common diarrheas							
	59	*Dysentery, bacillary							
	60	*Dysentery, amebic							
	61	*Dysentery, unclassified							
	62	*Paratyphoid fever							
	63	*Typhoid fever							
Insect-Borne Diseases	64	*Dengue							
	65	*Filariasis							
	66	*Malaria acquired in U. S.							
	67	*Malaria acquired outside U. S.							
	68	*Relapsing fever							
	69	*Typhus fever							
	70	*Sand fly fever							
Miscellaneous Diseases	71	*Hepatitis, infectious							
	72	*Keratoconjunctivitis, infectious							
	73	Mycotic dermatoses							
	74	*Poliomyelitis, acute anterior							
	75	Rheumatic fever							
	76	Scabies							
	77	*Tetanus							
	78	Fever of undetermined origin							
Venereal Diseases	79	Gonorrhea							
	80	Syphilis							
	81	Other venereal							
*Special Not Listed	82								
	83								
	84								
	85								
	86								
	87								
	88								
Total	89								

X. "NEW" CASES OF VENEREAL DISEASES ADMITTED

Diagnosis		Army (excl. WAC) White (1)	Army (excl. WAC) Colored (2)	WAC White (3)	WAC Colored (4)	Total Army White (5)	Total Army Colored (6)
90 Gonorrhea	EPTS						
91 Gonorrhea	not EPTS						
92 Syphilis	EPTS						
93 Syphilis	not EPTS						
94 Other venereal	EPTS						
95 Other venereal	not EPTS						

†Include only cases received by informal transfer, do not include cases disposed of by informal transfer.

Signature _____

Name (typed) _____

Grade _____ Date _____

SUPPLEMENTAL COMMUNICABLE DISEASE REPORT

DATE

SECTION I

CASES REPORTED IN COLUMN 2, SECTION. IX OF THE 86ab THAT ARE FROM ORGANIZATIONS NOT IN THE COMMAND

DIAGNOSIS	ORGANIZATION	NO. OF CASES

SECTION II

REPORTED CASES OF "NEW" VENEREAL DISEASE FROM ORGANIZATIONS NOT IN THE COMMAND ARE REPORTED BELOW

ORGANIZATION	GONORRHEA		SYPHILIS		OTHER	
	Wh.	Cld.	Wh.	Cld.	Wh.	Cld.

SECTION III

BELOW ARE LISTED THE CASES FROM ORGANIZATIONS NOT IN THE COMMAND IN WHICH THE DIAGNOSIS WAS CHANGED FROM FUO TO "MALARIA", "INTESTINAL", AND "SANDFLY FEVER".

DIAGNOSIS	ORGANIZATION	NO. OF CASES

SECRET
FORM. 86c.

VETERINARY STATISTICAL REPORT THIRD SECTION

Medical Department, U. S. Army
VETERINARY DETACHMENT "K"

31 December 1943

*(A) APO 4 (station or designation of unit) (1) *(B) For month ending with morning _____ (2) OM: 4,

*(C) Strength of command on last day or period covered by this report:

Stallions 0: Mules 5: BM 0: Colts 0: Horses 6: TOTAL 15

PERSONNEL AND TRANSPORTATION (Ca) Mean Human Strength:

PERSONNEL Total personnel assigned (present and absent)

	W	C
Officers-commissioned: (4)		
Medical		
Dental		
Veterinary	2	
Administrative		
Sanitary		
Internes		
Contract surgeons		
(W) *Total	2	
(X) *Army Nurse Corps (5)		
(Wa) *Officers, Warrant		

Allotted Gr	Allotted Tech	Enlisted Personnel	White Gr	White Tech	Colored Gr	Colored Tech
0	0	M.D.: (6)				
0	0	M/Sgts.				
0	0	T/Sgts.				
1	0	1st Sgts.	1	0		
1	2	S/Sgts.	1	1		
1	4	Sgts.	1	2		
3		Corps.	3			
2		Pvts lcl				
		Pvts.	2			
8	6		8	3		

(Y) *Total Enlisted Personnel	Allotted	Actual
	14	11

All others atchd for duty: (7)	W	C
Officers	0	
Enlisted men	0	
Civilians	0	
Aggregate	13	

14456 (3a)

EQUIPMENT	Serviceable	Unserviceable	Total
ANIMALS:			
Horse, draft	6(0)	0(0)	6(0)
Horse, riding	4(0)	0(0)	4(0)
Mule, draft	5(0)	0(0)	5(0)
TRANSPORTATION:			
Vet. Ambs., animal drawn	0(0)	0(0)	0(0)
Vet. Ambulances, motor:	0(0)	0(0)	0(0)
Metropolitan			
Field, 4×2			
Cross country 4×4			
Cars, 5 pass., light, sedan			
Litter carriers field	(9)		
Litters, with slings	(9)		
Motorcycles, solo			
Motorcycles with side car			
Trailer, 1-ton cargo			
Trailer, water tank, 250 gal.			
Trailer, 2-horse van	0(0)	0(0)	0(0)
Truck, tank, 750 gal.			
Truck, ¼ ton bantam	1(0)	0(0)	1(0)
Truck, ½ ton carry-all			
Truck, ½ ton command			
Truck, ½ ton cargo			
Truck, ½ ton cargo with winch			
Truck, ½ ton pick-up			
Truck, ½ ton 4×4 reconn.			
Truck, 1½ ton cargo			
Truck, 1½ ton cargo w/winch			
Truck, 1½ ton dump			
Truck, 2½ ton cargo			
Truck, 2½ ton cargo w/winch			
Truck, 3-5 ton tractor			
Wagon, escort			
VETERINARY LEADING APPARATUS, COMPLETE	1(1)	0(0)	1(1)

Number of Technician Grades: 3rd Grade 0 4th Grade 1 5th Grade 2

Number of allotted grades vacant, by grade NONE

Remarks: (8) See Supplemental Sheet.

JOHN SMITH, CAPTAIN, V. C., U.S.A.
(Name) Commanding, (Rank)

SECRET

Special Instructions for the preparation of Third Section, Statistical Report (Form 86c) (See par. 2, o and p, AR 40-1080).

The numbers preceeding the following paragraphs correspond with and relate to the numbers appearing on the face of this form.

(8) Report under "Remarks (8)" statistical data pertaining to personnel and transportation, as called for by higher authority. In case of each enlisted man in the first three grades, upon first joining his station or command, the name of the Noncommissioned Officer concerned, and the number of his dependents, will be noted. Any change in the number of dependents will be noted in subsequent reports.

(9) In each column insert both the number being used by or under the direct control of the Medical Department and immediately thereafter, in parenthesis, any additional number at the station, including those stored as a war reserve. Zeros will be used in the appropriate column or columns marked (9) to show that an entry has not been overlocked.

	Serviceable	Unserv.	Total
Example: Ambulances, Motor, etc	3 (8)	0 (1)	3 (9)

This means that there are 12 Ambulances at the station, only 3 of which are being used by the Medical Department.

W. D., A. G. O. FORM NO. S 10
7 July 1944

REPORT OF MEDICAL DEPARTMENT PERSONNEL

This form supersedes W.D., M.D. Form No. 86c, 19 June 1941. which will not be used after receipt of this revision.

CONTROL APPROVAL SYMBOL
MCM (101)

NAME OF UNIT AND LOCATION

FOR THE MONTH ENDING

TABLE I

COMMISSIONED PERSONNEL

Corps (1)	Authorized (2)	Assigned White (3)	Assigned Negro (4)	Total Assigned (5)
1 Medical Corps				
2 Dental Corps				
3 Veterinary Corps				
4 Pharmacy Corps				
5 Sanitary Corps				
6 Medical Administrative Corps				
7 Army Nurse Corps				
8 Medical Department Physical Therapy Aides				
9 Medical Department Dietitians				
10 Total: All Medical Department Commissioned Personnel (*Lines 1 to 9 Incl*)				
11 Other Commissioned Personnel				

TABLE II

WARRANT OFFICERS

Grades (1)	White (2)	Negro (3)	Total (4)
12 Chief warrant Officers			
13 Warrant Officers Junior Grade			
14			
15 Total:			

TABLE III

OTHER MILITARY PERSONNEL ATTACHED

Type of Personnel (1)	Total
16 Officers	
17 Nurses, Dietitians, P.T.A.'S	
18 Enlisted	
19 Total:	

TABLE IV

ENLISTED PERSONNEL ASSIGNED TO MEDICAL DEPARTMENT FOR DUTY

Grades (1)	Authorized (EM & WAC) (2)	Enlisted Men Actual Strength White (3)	Enlisted Men Actual Strength Negro (4)	TOTAL Assigned (EM) (5)	Enlisted Wac Actual Strength White (6)	Enlisted Wac Actual Strength Negro (7)	Total Assigned WAC (8)
20 Master Sergeants							
21 First Sergeants							
22 Technicial Sergeants							
23 Staff Sergeants							
24 Technicians 3/Grade							
25 Sergeants							
26 Technicians 4/Grade							
27 Corporals							
28 Technicians 5/Grade							
29 Privates first class							
30 Privates							
31 Total:							

TABLE V

CIVILIAN EMPLOYEES	TOTAL (1)
32 Medical Department (*All Classes*)	
33 Others than Medical Department	
34 Total:	

73 Remarks:

TABLE VI

TOTAL ASSIGNED (*Recapitulation*)	TOTAL (1)
35 Medical Department Officers (*Line 10 Column 5*)	
36 Other Commissioned Pers. Assgd. (*Line 11 Column 5*)	
37 Warrant Officers (*Line 15 Column 4*)	
38 Enlisted Personnel (*Line 31 Col. 5 & 8*)	
39 Civilian Employees (*Line 34 Column 1*	
40 Grand Total:	

TABLE VII

ENLISTED AND CIVILIAN SPECIALISTS

M. O. S. WITH S. S. N. (1)	ASSIGNED Enl. Pers (Incl. Wac) (2)	ASSIGNED Civilian Personnel (3)	ASSIGNED Total (4)	Tota Required (5)
41 (067) Dent. Lab. Tech.				
42 (120) Meat & Dairy Ins.				
43 (149) Pharmacist				
44 (196) Sanitary Tech.				
45 (229) Med. Equip. Main. Tech.				
46 (250) Veterinary Tech.				
47 (264) X-Ray Technician				
48 (283) Athletic Instructor				
49 (365) Optician				
50 (366) Orthopedic Mechanic				
51 (409) Medical Technician				
52 (452) Optometrist				
53 (484) Tech. Entomologist				
54 (673) Medical NCO				
55 (825) Medical Supply NCO				
56 (855) Dental Technician				
57 (858) Med. Lab. Tech.				
58 (859) Pharmacy Tech.				
59 (861) Surgical Tech.				
60 Dental Hygienist				
61 Occupational Therapist				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				

(Name) *(Grade and Branch of Service)*

(Official Designation)

TABLE VIII

MEDICAL CORPS OFFICERS ASSIGNED

CLASSIFICATION		PROFICIENCY IN SPECIALTY				TOTAL (7)
M.O.S. TITLE (1)	S.S.N. (2)	-A- (3)	-B- (4)	-C- (5)	-D- (6)	
1 Administration	2120					
2. Ophthalmology	3125					
3 Otorhinolaryngology	3126					
4 Ophthalmology & Otolaryngology	3106					
5 Bronchoscopy	3126-BR					
6 Genito-Urinary Surgery	3111					
7 Venereal Disease Control	3155					
8 Bacteriology	3307					
9 Clinical Laboratory	3303					
10 Physiological Chemistry	3309					
11 Pathology	3325					
12 Parasitology	3310					
13 Serology	3311					
14 Internal Medicine	3139					
15 Allergy	3113					
16 Cardiology	3107					
17 Dermatology	3112					
18 Gastro-Enterology	3105					
19 Communicable Disease (*Pediatrica*)	3116					
20 Tuberculosis	3101					
21 Neuro-Psychiatry	3130					
22 Public Health	3005					
23 Physical Therapy	3180					
24 Radiology	3306					
25 Total Carried Forward:						

CLASSIFICATION		PROFICIENCY IN SPECIALTY				TOTAL (14)
M.O.S. TITLE (8)	S.S.N. (9)	-A- (10)	-B- (11)	-C- (12)	-D- (13)	
26 Total Brought Forward:						
27 Therapeutic Radiology	3182					
28 General Surgery	3150					
29 Anesthesia	3115					
30 Obstetrics & Gynecology	3108					
31 Neurologic Surgery	3131					
32 Orthopedic Surgery	3153					
33 Plastic Surgery	3152					
34 Proctology	3104					
35 Thoracic Surgery	3151					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48 Total Specialists:						
49 General Duties:	3100	TOTAL ASSIGNED				
50 Grand Total (*Total of Lines 49 and 50 Column 14*):						

Hq. PBS 1-45 - 15,000

ROSTER OF APPOINTED AND COMMISSIONED PERSONNEL ASSIGNED TO MEDICAL DEPARTMENT

(a) UNIT	(b) LOCATION OF UNIT

(c) FOR MONTH ENDING	(d) NUMBER OF NORMAL BEDS (When applicable)	(e) AVERAGE BED OCCUPANCY (When applicable)

NAMES (f)	PHYSICAL STATUS (g)	GRADE (h)	CORPS (l)	CLASSIFICATION (j)	PRINCIPAL DUTY (k)

MD Form 86f
(revised)

ARMY AND AIRFORCE

UNIT_____ FROM_____ HRS. TO _____HRS. DAY_____MO. _____

I. BED STATUS:

	Total (1)	Occupied (2)	Vacant (3)	Emer. Expans. (4)
(a) Mobile				
(b) Convalescent				
(c) Total				

II. NUMBER OF PATIENTS:

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	U. S. Army and Airforce Pers.					U. S.	Allies					Grand
	Disease	Injury	B. C.	Gassed	Total	Navy	Br.	Fr.	Other	Enemy	Other	Total
Remaining												
: Direct Adm.												
: From Other Hosp												
1: From Clr. Sta.												
: Change of Status												
: Total												
: Duty												
: Died												
: Trnsfrd												
: Evac (or trnsfrd to Base)												
: Other												
1: Sub-Total												
1: Remaining												
Seriously Ill												

III. CLASSIFICATION OF PATIENTS:

(a) Bed Patients
- (1) Transportable
- (2) Non-tranportable

(b) Ambulatory

V. COMMUNICABLE DISEASES:

		ADMISSIONS				DISPOSITIONS				
	Rem	Direct	Other Hosp.	From Clr. Station	Chge Diag	Duty	Died	Trnsfr.	Other	Rem
(a) Resp.										
(b) Dysenteries										
(c) Diarrheas										
(d) Malaria										
(e) Typhus										
(f) Venereal										
g) Jaundice										
h) F U O										
(i) *										
(j) *										
(k) *										

V. HOSP. COVERED BY THIS REPORT:

VI. REMARKS:

Signature_____

NOTE:

1. Section II, line (e). Show patients whose classification (disease, injury) changes while in hospital.

2. Section II, column (ll) Others, for civilians, ARC, and other non-military personnel.

3. Section VI. Show information pertinent to casualty situation, opening and closing of hospital, clarification of unusual entries, outbreak of communicable diseases, and any ather pertinent remarks.

MD Form 86f
(Revised)

BASE SECTION

UNIT_____ FROM____ TO____ HR. DAY____ MO._____

I. BED STATUS

	Total (1)	*Occupied* (2)	*Vacant* (3)	*Emer. Expan.* (4)
a. No. of Beds				

II. NUMBER OF PATIENTS:

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	U. S. Army and Airforce Pers.					U. S. Navy	Allies					Grand Total
	Disease	Injury	B. C.	Gassed	Total		Br.	Fr.	Other	Enemy	Other	
a. Remaining												
b. Direct Adm.												
c. Adm. by Trans.												
d. Received from Hosp. Other Base Sections												
e. Change of Status												
f. Total												
g. Duty												
h. Died												
i. Trnsfd.												
j. Trnsfd. to Hosp. Other Base Sections												
k. Evacuated to Z.I.												
l. Other												
m. Sub-Total												
n. Remaining												
o. Seriously Ill												

III. CLASSIFICATION OF PATIENTS:

(a) Bed Patients

(1) Transportable

(2) Non-transportable

(b) Ambulatory

IV. COMMUNICABLE DISEASES:

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		ADMISSIONS			DISPOSITIONS				
	Rem.	Direct	Transf.	Ch. Of Status	Duty	Died	Transf.	Other	Rem.
(a) Respiratory									
(b) Dysenteries									
(c) Diarrheas									
(d) Malaria									
(e) Typhus									
(f) Venereal									
(g) Jaundice									
(h) FUO									
(i) *									
(j) *									
(k) *									

V. HOSP. COVERED BY THIS REPORT.

VI. REMARKS.

SIGNATURE _____

NOTE:

1. SECTION II, line (c), adm. by transfer from other hospitals of same base section.
2. SECTION II, line (l), transferred to other hospitals of same base section.
3. SECTION II, line (e), show patients whose classification (disease, injury etc) changes while in hospital.
4. SECTION II, column (11) Others - for civilians, ARC, and other non-military personnel.
5. SECTION VI. Clarification of unusual entries, opening and closing of hospitals, outbreaks of communicable diseases and any other pertinent remarks.

_____ HOSPITAL

APO _____

Proceedings of a board of Medical Officers convened at _____ Hospital. _____, pursuant to paragraph _____, SO _____ Hq. _____ Hospital, date _____

DETAIL FOR THE BOARD

The Board met at _____ Hospital, APO _____
(Date)

All members present *except:

The Board then proceeded with the examination of: (Specify name, rank or grade, serial number, organization, length of service, age).

Length of Service: Age:

Who was admitted to _____ Hospital _____ under the following circumstances:
(Date)

Brief medical history of the case:

After a thorough examination of the patient and his clinical records, the Board finds that the diagnosis is as follows: (List separately. with cause, degree of severity, and LD of each).

LD: _____

The Board recommends that the patient be classified as _____ and:

_____ (name) President

_____ (name) Member

_____ (name) Member

_____ (name) Member and Recorder

Evacuation classification: Battle Casualty: *Yes No

Group _____ Sub-group

Approved:

(*Date*) _____ 19

_____ M.C.
Commanding

* Strike out inapplicable word.

It is recommended that this form be reproduced on legal size paper.

RESTRICTED

Temperature, pulse, respiration

DATE	AM			PM		
	T	P	R	T	P	R

Operations, anesthesia, findings:

ABBREVIATED CLINICAL RECORD

Name

ASN _____ Grade_____ Ward

Hospital_____ APO

Pertinent history, chief complaint, and condition on admission:

Fold Here

Fold Here

Complete physical examination is negative except for the following:

Tentative diagnosis:

MC

Ward Officer

MTOUSA MD FORM No. 3

Progress notes, consultations, etc.

Date _____ Orders _____

Laboratory Reports:
Paste left edges of reports along lines with free edge extending toward top of sheet.

1st

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

GENERAL: The following abbreviations are authorized for Medical Department usage in this Theater of Operantions: (by FM 8-45, AR 40-1025, AR 850-150 and Hq. MTOUSA Circular No. 10, dated 24 January 1944).

Absent without leave	AWOL
Acting	actg
Additional	add
Adjutant	adj
Adjutant General Dep't	AGD
Administrative or administration	adm
Air Corps	AC
Airplane	ap
Anti-Aircraft	AA
American National Red Cross	ARC
Anti-Aircraft artillery	AAA
Army Air Force	AAF
Army Nurse Corps	ANC
Army of the United States	AUS
Army Post Office	APO
Army Regulations	AR
Articles of War	AW
Assigned	asgd
Assignment	asgmt
Assistant	asst
Attached	atchd
Authorities	auth
Auxiliary	aux
Aviation	avn
Battalion	bn
Battery	btry
Bombardier	bmbdr
Branch	br
Brigadier General	brig gen
Captain	capt
Captured by the Enemy	CAP
Cavalry	cav
Changes	C
Chaplain	Ch
Chemical	cml
Chemical Warfare Service	CWS
Chief of	Cof
Chief Warrant Officer	CWO
Class	cl
Coast Artillery Corps	CAC
Colonel	col
Command	comd
Commander	comdr
Commanding	comdg
Commanding Officer	CO
Company	co
Confined of Confinement	conf
Continued	contd
Contused Wound	CW
Corporal	cpl
Corps of Engineers	CE
Corps of Military Police	CMP
Died of Wounds	DOW
Died of Injuries recd in action	DOI
Defense	def
Dental Corps	DC
Department	dept
Detachment	det
Discharged or discharge	disch
Division	div
Duty	dy
Engineer	engr
Enlisted	enl
Enlisted man or men	EM
Existed Prior to Service	EPTS
Extensive Wound	EW
Fever of Undetermined Origin	FUO
Field	fld
Field Artillery	FA
Finance Department	FD
Fracture Compound	FC
Fracture Compound Comminuted	FCC
Fracture Simple	FS
General	gen
General Staff Corps	GSC
General Hospital	gen hosp
Grade	gr
Group	gp

Guard	gd
Gunner	gnr
Gunshot Wound	GSW
Headquarters	Hq
Hospital	hosp
Hospital Dietitians	Hosp Dtn
Incised Wound	IW
Infantry	inf
Inspector General's Dept	IGD
Interned as a result of enemy action	INT
Joined	jd
Judge Advocate General's Dept	JAGD
Killed in Action	KIA
Laboratory	lab
Lacerated Wound	LW
Laundry	ldry
Letter	ltr
Lieutenant	lt
Lieutenant colonel	lt col
Lieutenant general	lt gn
Lightly Injured in Action	LIA
Lightly Wounded in Action	LWA
Line of Duty	LD
Machine Records Unit	MRU
Maintenance	maint
Major	maj
Major general	maj gen
Master sergeant	m sgt
Mechanized	mecz
Medical	med
Medical Administrative Corps	MAC
Medical Corps	MC
Medical Department (EM)	MD
Military	mil
Military Intelligence	MI
Military Police	MP
Miscellaneous	misc
Missing inAction	MIA
Motorized	mtz
Multiple Wound	MW
Non Commissioned Officer	NCO
Not yet Diagnosed	NYD
Observation	obsn
Observer	obsr
Office, Officer, Order or Orders	O
Officer of the Day	OD
On or about	o/a
Operations	opr
Ordnance	ord
Ordance department	Ord Dept
Organization	orgn
Paid	pd
Paragraph	par
Payment	pmt
Penetrating Wound	Pen W
Perforating Wound	Perf W
Pharmacy Corps	PC
Philipine Scouts	PS
Physical Therapy Aide	PTA
Prisoner of War	PW
Private	pvt
Private first class	pfc
Provisional	prov
Provost Marshal	PM
Punctured Wound	Pun W
Pursuit	pur
Quatermaster Corps	QMC
Quarters	qrs
Radio	rad
Railway	ry
Rations	rat
Received	recd
Reconnaissance	rcn
Regiment	regt
Regular Army	RA
Returned to Duty from any previously reported casualty status	RTD
Sanitary Corps	SnC
Searchlight battery	slt btry
Section	sec
Separate	sep
Seriously Injured in Action	SIA
Seriously Wounded in Action	SWA

Seriously Gassed (hospitalized)	SIG
Sergeant	sgt
Severe	sv
Sick	sk
Signal	sig
Signal Corps	Sig C
Slight	S
Special Orders	SO
Squad	sqd
Squadmen	sq
Staff sergeant	s sgt
Station	sta
Station hospital	sta-hosp
Supply	sup
Surgeon General	SG
Tank	tk
Tank Destroyer	TD
Technical sergeant	t sgt
Technician	techn
Technician 3d, 4th & 5th grade	Tec 3(4.5)
Temporary	temp
Training	tng
Transferred	trfd
Troop	trp
Truck	trk
United States Marine Corps	USMC
Veterinary Corps	VC
Voucher	vou
War Department	WD
Warrant Officer Junior Grade	WOJG
Wing	wg
Women Army Corps	WAC
Withdrawn	w/d
Without	w/o
Wounded in Action	WIA
Zone of Interior	ZI

DISTRIBUTION:

Six (6) per Hospital Installation.
One (1) per non-hospital medical installation.

Surgeon, P. B. S.	400
Surgeon 5th Army	650
Surgeon, NORBS	35
Surgeon, AAFSC/MTO	800
A/G of S	10
Surgeon M. B. S.	35
Adriatic Depot	10
Surgeon, Repl. Comm.	75
Surgeon Hq Comm. AF	30
NADIST-ATC	25
Surgeon, MTOUSA	Balance